MEDICARE

Ambulatory Surgical Center Payment Rate Survey–1992

Part I
General Information
Summary of Data

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U.S. DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Health Care Financing Administration
Bureau of Policy Development
Office of Payment Policy
Division of Special Payment Programs
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DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

Medicare

Ambulatory Surgical Center

Payment Rate Survey - 1992

I. General Information and Charge Schedules

Form HCFA 452A (OMB No. 0938-0434)

SUMMARY OF DATA

The data herein were submitted in September 1992 by Medicare participating ambulatory surgical centers (ASCs) responding to Part I of the Medicare Ambulatory Surgical Center Payment Rate Survey (Form HCFA 452A). Because survey responses were not validated by independent audit, the data presented here should be viewed as indicative rather than definitive.

Prepared by: Health Care Financing Administration
Bureau of Policy Development
Office of Payment Policy
Division of Special Payment Programs

DATE: 07/15/94

DEPARTMENT OF HEALTH &HUMAN SERVICES

Health Care Financing Administration

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To Medicare Participating Ambulatory Surgical Centers:

In July 1992 when it asked nearly 1400 ambulatory surgical centers (ASCs) for general demographic information and charge and utilization data on Part I of the Medicare Ambulatory Surgical Center Payment Rate Survey (Form HCFA-452A), the Health Care Financing Administration (HCFA) indicated that a summary of the submitted data would be sent to all facilities participating in the Medicare program. The tables contained in this booklet constitute that summary.

HCFA staff presented a number of these tables in draft form at the 20th Annual Meeting of the Federated Ambulatory Surgical Association in May 1994. Although the survey data presented in this summary have not been verified by independent audit, they nevertheless depict a tenable composite of Medicare participating ASCs during the period roughly spanning calendar years 1990 and 1991. A typical ASC during this period was independently owned; was located in an urban area; was operated on a for-profit basis; was owned entirely or in part by one or more physicians; was incorporated; was Medicare certified in 1987 or earlier; and conducted, on average, nearly 2,000 operative sessions over a 12-month fiscal period.

We observe a dramatic increase not only in the number of ASCs certified by Medicare since 1986 when HCFA conducted its first ASC survey, but also in the use of ASCs by Medicare beneficiaries for outpatient surgery. As seen in the tables that follow, Medicare beneficiaries nationally constituted 34 percent of the total ASC caseload in 1991-1992, in contrast with 26 percent Medicare utilization of ASCs reported in 1986. Surgical activity in Medicare participating ASCs grew from 91,262 procedures reported in 1986 to 1.6 million Medicare-covered procedures reported for 1991-1992. Similarly, the breadth of Medicare-covered surgical procedures that were performed in ASCs expanded from 612 different CPT codes reported in 1986 to 1,982 CPT codes reported in 1991-1992.

Part I survey data constituted the foundation for the selection of ASCs asked to complete Part II of the Medicare survey, which collects information on overhead costs and procedure specific expenses. HCFA is currently compiling Part II data for the purpose of analyzing, reevaluating, and updating facility payment rates for all Medicare covered procedures.

The Part II data submitted by a randomly selected sample of facilities will be audited.

The resulting updated schedule of payment rates will be published in the Federal Register in accordance with notice and comment procedures, prior to implementation.

We are especially appreciative of the effort extended by staff of those facilities that completed Part I of the Medicare ASC survey with obvious care and diligence. Facilities that found their recordkeeping systems incompatible with the manner in which information was to be reported in the survey were particularly challenged by the task of manually compiling utilization and charge data. Most facilities rose superbly to the occasion.

A very special thanks to each ASC that contributed to our data collection efforts.

Thomas A. Ault
Director
Bureau of Policy Development

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INTRODUCTION

Among the benefits provided under Part B of Medicare are facility services furnished by an ambulatory surgical center (ASC) in connection with selected surgical procedures. Federal regulations define an ASC as any distinct entity that–

- Operates exclusively for the purpose of providing surgical services to patients not requiring hospitalization;
- Has an agreement with the Health Care Financing Administration (HCFA) to participate in the Medicare program as an ASC; and,
- Meets specified conditions for coverage set forth in the Code of Federal Regulations (42 CFR 416).

Medicare bases payments under this benefit on a prospectively determined rate. The rates are to take into account what it costs ASCs generally in providing facility services in connection with specific surgical procedures. The initial ASC payment rates that were implemented in September 1982 were based on cost and charge information collected from 40 ASCs.

By early 1986, HCFA's Health Standards and Quality Bureau had recorded nearly 500 facilities that were certified as Medicare participating ASCs. In order to update the ASC payment rates, HCFA mailed the Ambulatory Surgical Center Payment Rate Survey (Form HCFA-452) to these facilities in May 1986. The survey gathered charge and utilization data for more than 1200 CPT codes as well as aggregate charges and cost data for each ASC's most recently completed fiscal year. Between November 1986 and March 1987, the surveys submitted by 97 randomly selected ASCs were audited both to validate survey responses and to develop from audited data statistical measures such as cost to charge ratios needed to make payment rates cost related. In March 1990, HCFA implemented a schedule of eight payment rates based on the 1986 survey data. Approximately 1500 CPT codes were allocated to one of the eight payment rates. The resulting eight payment groups doubled the number of payment groups originally established in 1982.

In July 1992, HCFA mailed the first part of a revised Medicare Ambulatory Surgical Center Payment Rate Survey to the approximately 1400 ASCs that were on file as being certified by Medicare at the end of 1991. Part I of the revised ASC survey was designed to collect utilization and charge data for more than 2300 surgical procedures as well as to provide current demographic information about the universe of Medicare participating ASCs.

One thousand one hundred forty-three facilities returned Part I of the survey to HCFA, 286 of which employed the optional diskette format that was offered. The 255 facilities that were mailed a survey but from which no response was received either could not be located or had ceased doing business as a Medicare participating ASC.

Fifty-five of the 1,143 surveys that were returned to HCFA could not be used because of faulty data or substantive reporting errors and/or omissions.

INTRODUCTION (cont'd)

HCFA staff reviewed each survey for completeness and internal accuracy prior to having the responses keyed into a database. As a result of those reviews, more than half of the facilities that returned surveys corrected or revised their initial responses in order to achieve internal data consistency.

Respondents to Part I of the ASC survey formed the pool for randomly selecting 320 facilities to complete Part II of the ASC survey, which was mailed in March 1994. Part II was designed to collect general overhead cost data as well expenses incurred directly as a result of performing certain high volume Medicare covered procedures. Part II of the survey also updates the surgical volume and charge data that were reported in 1992. The surveys of a randomly selected sample of facilities are being audited.

The tables that follow are compiled from data submitted by ASCs in response to Part I of the Medicare Ambulatory Surgical Center Payment Rate Survey that was completed in 1992. General demographic information is reported for the 1,088 facilities that submitted usable survey data. Data on surgical procedures performed, as defined by Physicians' Current Procedural Terminology (CPT) codes, are reported only for 964 facilities that had completed a full 12-month fiscal period at the time they filled out the July 1992 survey form. The survey questions that elicited the data are included in Appendix II.

Appendix I consists of graphic representations of a number of key findings from the 1992 survey.

Information regarding intraocular lens (IOL) purchasing patterns is not summarized here but will be reported at a later date in conjunction with IOL acquisition data collected in Part II of the ASC survey.

CAUTION: Because the data reported in this compendium have not been validated by independent audit, they should be viewed as indicative rather than definitive.

TABLE 1.1 DISTRIBUTION OF ENROLLEES IN MEDICARE SUPPLEMENTARY MEDICAL INSURANCE BENEFIT (MEDICARE, PART B) AS OF 07/01/92, BY STATE

Medicare ASC Payment Rate Survey - 1992
Source: HCFA/BDMS/OSDM

State	No. of Part B Enrollees	Percent of Total
CALIFORNIA	3,293,599	9.7%
NEW YORK	2,429,546	7.2%
FLORIDA	2,396,334	7.1%
PENNSYLVANIA	1,941,483	5.7%
TEXAS	1,855,755	5.5%
OHIO	1,545,090	4.6%
ILLINOIS	1,510,826	4.5%
MICHIGAN	1,241,958	3.7%
NEW JERSEY	1,083,197	3.2%
NORTH CAROLINA	916,158	2.7%
MASSACHUSETTS	845,468	2.5%
MISSOURI	777,947	2.3%
INDIANA	762,304	2.3%
GEORGIA	746,070	2.2%
VIRGINIA	729,905	2.2%
WISCONSIN	712,512	2.1%
TENNESSEE	699,948	2.1%
WASHINGTON	619,794	1.8%
MINNESOTA	587,572	1.7%
ALABAMA	584,957	1.7%
MARYLAND	538,911	1.6%
KENTUCKY	536,450	1.6%
LOUISIANA	528,307	1.6%
ARIZONA	519,336	1.5%
CONNECTICUT	463,253	1.4%
IOWA	453,800	1.3%
SOUTH CAROLINA	453,046	1.3%
OKLAHOMA	450,291	1.3%
OREGON	428,486	1.3%
ARKANSAS	391,339	1.2%
COLORADO	366,241	1.1%
MISSISSIPPI	365,806	1.1%
KANSAS	361,560	1.1%
WEST VIRGINIA	307,874	0.9%
PUERTO RICO	301,001	0.9%
NEBRASKA	235,211	0.7%
MAINE	183,944	0.5%
NEW MEXICO	183,616	0.5%
UTAH	164,050	0.5%
RHODE ISLAND	153,927	0.5%
NEVADA	152,892	0.5%
NEW HAMPSHIRE	138,331	0.4%
IDAHO	134,249	0.4%
HAWAII	127,587	0.4%
MONTANA	118,690	0.4%
SOUTH DAKOTA	109,254	0.3%
NORTH DAKOTA	97,874	0.3%
DELAWARE	90,051	0.3%
VERMONT	74,645	0.2%
DIST. OF COLUMBIA	71,417	0.2%
WYOMING	53,153	0.2%
ALASKA	26,287	0.1%
TOTAL	33,861,302	100.0%

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TABLE 1.2 **MEDICARE CERTIFIED AMBULATORY SURGICAL CENTERS THAT SUBMITTED 1992 MEDICARE ASC PAYMENT RATE SURVEY, BY NUMBER OF ASCs PER STATE**
(Form HCFA-452A, p 19)

State	# of ASCs	Percent of Total	Cumulative Percent
CA	192	17.6%	17.6%
FL	89	8.2%	25.8%
TX	80	7.4%	33.2%
AZ	60	5.5%	38.7%
MD	48	4.4%	43.1%
IL	40	3.7%	46.8%
WA	39	3.6%	50.4%
TN	35	3.2%	53.6%
LA	32	2.9%	56.5%
NC	31	2.8%	59.4%
OH	26	2.4%	61.8%
PA	26	2.4%	64.2%
GA	25	2.3%	66.5%
IN	25	2.3%	68.8%
NY	22	2.0%	70.8%
NJ	19	1.7%	72.5%
MO	18	1.7%	74.2%
AR	16	1.5%	75.6%
CO	16	1.5%	77.1%
AL	15	1.4%	78.5%
SC	14	1.3%	79.8%
KS	14	1.3%	81.1%
MI	13	1.2%	82.3%
CT	13	1.2%	83.5%
OK	13	1.2%	84.7%
MA	12	1.1%	85.8%
OR	12	1.1%	86.9%
VA	12	1.1%	88.0%
KY	11	1.0%	89.0%
NV	10	0.9%	89.9%
UT	9	0.8%	90.7%
ME	9	0.8%	91.5%
WI	8	0.7%	92.3%
ID	8	0.7%	93.0%
MS	7	0.6%	93.7%
MN	7	0.6%	94.3%
HI	7	0.6%	94.9%
MT	7	0.6%	95.6%
PR	7	0.6%	96.2%
WV	6	0.6%	96.8%
SD	6	0.6%	97.3%
NM	5	0.5%	97.8%
ND	5	0.5%	98.3%
IA	4	0.4%	98.6%
NH	4	0.4%	99.0%
DC	3	0.3%	99.3%
RI	2	0.2%	99.4%
NE	2	0.2%	99.6%
DE	2	0.2%	99.8%
AK	1	0.1%	99.9%
WY	1	0.1%	100.0%
Total	1088		

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TABLE 2.1 YEAR OF MEDICARE CERTIFICATION OF FACILITIES THAT COMPLETED FORM HCFA 452A - 1992

(Health Standards and Quality Bureau Certification File)

Year	No. of ASCs	Percent of Total	Cumulative Number	Cumulative Percent
1982	31	2.9%	31	2.9%
1983	75	7.0%	106	9.8%
1984	104	9.6%	210	19.5%
1985	156	14.5%	366	34.0%
1986	141	13.1%	507	47.0%
1987	150	13.9%	657	60.9%
1988	114	10.6%	771	71.5%
1989	113	10.5%	884	82.0%
1990	93	8.6%	977	90.6%
1991	101	9.4%	1078	100.0%

(10 Facilities that completed Form HCFA 452A in 1992 were not listed as Medicare participating ASCs in the HCFA certification file as of February 1994.)

TABLE 2.2 GROWTH IN NUMBER OF MEDICARE CERTIFIED AMBULATORY SURGICAL CENTERS 1985-1994

(Health Standards and Quality Bureau Certification File)

Number of ASCs On File As Medicare Certified	As Of. . .
485	12/31/85
670	12/31/86
851	12/31/87
1016	12/31/88
1153	12/31/89
1247	12/31/90
1397	12/31/91
1530	12/31/92
1715	12/31/93
1758	02/01/94

TABLE 3.1 TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, pp 24-25 E)

Type of Facility	Number of ASCs	Percent of Total
Independent	737	68.2%
Chain/multi-facility	226	20.9%
Hospital operated	33	3.1%
None applies	85	7.9%
TOTAL	1081	

(Data missing on 4 surveys; reporting error on 3 surveys)

TABLE 3.2 URBAN/RURAL DISTRIBUTION, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 19 F)

Type of Facility		Number of ASCs	Percent of Total
Independent	Rural	96	8.9%
	Urban	641	59.3%
Chain/multi-facility	Rural	16	1.5%
	Urban	210	19.4%
Hospital operated	Rural	5	0.5%
	Urban	28	2.6%
Other	Rural	13	1.2%
	Urban	72	6.7%
	TOTAL	1081	

(Data missing on 4 surveys; reporting error on 3 surveys)

TABLE 3.3 URBAN/RURAL DISTRIBUTION OF FACILITIES, NATIONAL
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 19 F)

	Number of ASCs	Percent of Total
Rural	131	12.0%
Urban	957	88.0%

TABLE 3.4 **TYPE OF FACILITY, BY STATE**
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, pp 24-25E)

State	Independent Facility	Chain/ Multi-Facility	Hospital Operated	Other	Number of ASCs
AK	0	1	0	0	1
AL	7	6	0	2	15
AR	14	2	0	0	16
AZ	37	19	0	3	59
CA	145	24	6	16	191
CO	11	3	1	1	16
CT	8	3	0	2	13
DC	2	1	0	0	3
DE	1	1	0	0	2
FL	60	22	0	7	89
GA	14	7	0	4	25
HI	6	0	0	1	7
IA	3	1	0	0	4
ID	6	1	0	1	8
IL	24	10	3	3	40
IN	18	4	0	1	23
KS	8	3	0	3	14
KY	6	2	1	0	9
LA	24	6	0	2	32
MA	9	2	1	0	12
MD	29	15	0	4	48
ME	9	0	0	0	9
MI	11	1	0	1	13
MN	2	3	1	1	7
MO	13	2	1	2	18
MS	2	3	2	0	7
MT	7	0	0	0	7
NC	14	10	6	1	31
ND	2	0	0	3	5
NE	1	1	0	0	2
NH	2	1	1	0	4
NJ	16	1	0	2	19
NM	4	0	0	1	5
NV	8	2	0	0	10
NY	19	0	2	1	22
OH	18	4	0	4	26
OK	8	4	0	1	13
OR	9	3	0	0	12
PA	17	4	1	4	26
PR	4	1	2	0	7
RI	1	1	0	0	2
SC	10	3	1	0	14
SD	2	2	0	2	6
TN	24	9	0	2	35
TX	51	26	2	1	80
UT	6	2	0	1	9
VA	6	2	0	3	11
WA	29	5	1	4	39
WI	6	1	0	1	8
WV	4	2	0	0	6
WY	0	0	1	0	1
TOTAL	737	226	33	85	1081

(Data missing on 4 surveys; reporting errors on 3 surveys)

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TABLE 4.1

FOR PROFIT/NOT-FOR-PROFIT FACILITIES, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992 (Form HCFA-452A, p 25 F)

Type of Facility	For Profit ASCs	Percent of Total	Non-Profit ASCs	Percent of Total
Independent	544	50.2%	192	17.7%
Chain/multi-facility	158	14.6%	68	6.3%
Hospital operated	8	0.7%	25	2.3%
Other	56	5.2%	29	2.7%

(Data missing on 4 surveys; reporting errors on 4 surveys)

TABLE 4.2

FOR PROFIT/NOT-FOR-PROFIT FACILITIES, NATIONAL
Medicare ASC Payment Rate Survey - 1992 (Form HCFA-452A, p 25 F)

	No. of ASCs	Percent of Total
For profit	768	70.7
Non-profit	317	29.2

(Data missing on 1 survey; reporting errors on 2 surveys)

TABLE 4.3

FOR PROFIT/NOT-FOR-PROFIT FACILITIES, BY STATE
Medicare ASC Payment Rate Survey - 1992 (Form HCFA-452A, p 25 F)

State	For Profit ASCs	Percent of Total	Non-Profit ASCs	Percent of Total	Total Number ASCs
AK	1	100%	0	0%	1
AL	9	60%	6	40%	15
AR	13	81%	3	19%	16
AZ	42	70%	18	30%	60
CA	135	70%	57	30%	192
CO	11	69%	5	31%	16
CT	7	54%	6	46%	13
DC	0	0%	3	100%	3
DE	2	100%	0	0%	2
FL	67	75%	22	25%	89
GA	20	80%	5	20%	25
HI	3	43%	4	57%	7
IA	3	75%	1	25%	4
ID	6	75%	2	25%	8
IL	30	75%	10	25%	40
IN	19	79%	5	21%	24
KS	11	79%	3	21%	14
KY	7	64%	3	27%	10
LA	22	69%	10	31%	32
MA	9	75%	3	25%	12
MD	41	85%	7	15%	48
ME	8	89%	1	11%	9
MI	9	69%	4	31%	13
MN	4	57%	3	43%	7
MO	12	67%	6	33%	18
MS	4	57%	3	43%	7
MT	3	43%	4	57%	7
NC	16	52%	15	48%	31
ND	3	60%	2	40%	5
NE	2	100%	0	0%	2
NH	3	75%	1	25%	4
NJ	14	74%	5	26%	19
NM	4	80%	1	20%	5
NV	7	70%	3	30%	10
NY	12	55%	10	45%	22
OH	18	69%	8	31%	26
OK	11	85%	2	15%	13
OR	11	92%	1	8%	12
PA	19	73%	7	27%	26
PR	3	43%	4	57%	7
RI	2	100%	0	0%	2
SC	11	79%	3	21%	14
SD	4	67%	2	33%	6
TN	24	69%	10	29%	34
TX	60	75%	20	25%	80
UT	5	56%	4	44%	9
VA	7	58%	5	42%	12
WA	27	69%	12	31%	39
WI	2	25%	6	75%	8
WV	5	83%	1	17%	6
WY	0	0%	1	100%	1
TOTAL	768	71%	317	29%	1085

(Data missing on 1 survey; reporting errors on 2 surveys)

TABLE 5.1

CORPORATE STATUS, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 l)

Facility Type	Corpo-ration	Not Incorporated	Part of medical practice	Other
Independent				
No. of ASCs	492	87	127	30
% of total	45.5%	8.0%	11.7%	2.8%
Chain/multi-facility				
No. of ASCs	97	22	16	90
% of total	9.0%	2.0%	1.5%	8.3%
Hospital operated				
No. of ASCs	24	4		5
% of total	2.2%	0.4%		0.5%
Other				
No. of ASCs	36	13	19	17
% of total	3.3%	1.2%	1.8%	1.6%

(Data missing on 6 surveys; reporting errors on 3 surveys)

TABLE 5.2

CORPORATE STATUS, NATIONAL
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 l)

Corporate Status	No. of ASCs	Percent of Total
Incorporated	650	60.1%
Not incorporated	127	11.7%
Part of medical practice	162	15.0%
Other	143	13.2%

(Data missing on 6 surveys)

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TABLE 6.1

PHYSICIAN OWNERSHIP, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 H)

Facility Type	One Physician	2 or more physicians	Group inc. physicians	No Physicians	Other
Independent					
No. of ASCs	297	288	99	14	39
% of total	27.4%	26.6%	9.1%	1.3%	3.6%
Chain/multi-facility					
No. of ASCs	29	29	52	19	97
% of total	2.7%	2.7%	4.8%	1.8%	8.9%
Hospital operated					
No. of ASCs	1	0	6	7	19
% of total	0.1%		0.6%	0.6%	1.8%
Other					
No. of ASCs	12	25	22	3	23
% of total	1.1%	2.3%	2.0%	0.3%	2.1%

(Data missing on 4 surveys; reporting errors on 3 surveys)

TABLE 6.2

PHYSICIAN OWNERSHIP, NATIONAL
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 H)

Owned By--	No. of ASCs	Percent of total
One physician	339	31.3%
Two+ physicians	343	31.6%
Group inc. physicians	181	16.7%
All non-physicians	43	4.0%
None of above	178	16.4%

(Data missing on 4 surveys)

TABLE 6.3 PHYSICIAN OWNERSHIP OF FACILITIES, BY STATE
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 H)

State	One Physician Owner	Two+ Physician Owners	Group Owners, Including Physicians	No Physician Owners	Other	Total Number ASCs
AK	0	0	0	0	1	1
AL	2	3	6	0	4	15
AR	6	7	3	0	0	16
AZ	32	16	4	2	5	59
CA	71	57	42	3	18	191
CO	2	8	2	0	4	16
CT	1	3	4	3	2	13
DC	0	0	0	1	2	3
DE	0	0	0	1	1	2
FL	35	20	13	2	19	89
GA	5	12	2	0	6	25
HI	3	2	1	0	1	7
IA	2	2	0	0	0	4
ID	4	2	1	0	1	8
IL	12	11	6	1	10	40
IN	7	9	4	3	1	24
KS	4	3	4	0	3	14
KY	1	2	4	1	2	10
LA	6	14	6	0	6	32
MA	1	5	2	0	4	12
MD	17	23	3	1	4	48
ME	2	7	0	0	0	9
MI	7	3	1	0	2	13
MN	1	0	2	1	3	7
MO	5	7	2	1	3	18
MS	1	1	0	0	5	7
MT	1	1	4	0	1	7
NC	3	9	6	3	10	31
ND	0	3	0	1	1	5
NE	0	2	0	0	0	2
NH	1	2	1	0	0	4
NJ	6	5	5	2	1	19
NM	3	1	0	0	1	5
NV	3	2	2	0	3	10
NY	7	7	2	2	4	22
OH	6	14	0	2	4	26
OK	5	4	1	1	2	13
OR	6	2	2	1	1	12
PA	7	4	7	1	7	26
PR	2	3	1	0	1	7
RI	0	1	0	0	1	2
SC	4	6	3	0	1	14
SD	2	2	1	0	1	6
TN	6	18	6	1	4	35
TX	31	13	13	3	20	80
UT	2	1	4	1	1	9
VA	2	4	3	1	2	12
WA	11	17	6	3	2	39
WI	0	5	1	0	2	8
WV	4	0	1	0	1	6
WY	0	0	0	1	0	1
TOTAL	339	343	181	43	178	1084

(Data missing on 4 surveys)

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TABLE 7.1 PARTNERSHIP VS. INDIVIDUAL OWNERSHIP, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 G)

Facility Type	Ownership-- Individual	Partnership	Neither
Independent			
No. of ASCs	299	224	214
% of total	27.6%	20.7%	19.7%
Chain/multi-facility			
No. of ASCs	26	59	141
% of total	2.4%	5.4%	13.0%
Hospital operated			
No. of ASCs	1	8	24
% of total	0.1%	0.7%	2.2%
Other			
No. of ASCs	10	36	39
% of total	0.9%	3.3%	3.6%

(Data missing on 4 surveys; reporting errors on 3 surveys)

TABLE 7.2 PARTNERSHIP VS. INDIVIDUAL OWNERSHIP (NATIONAL)
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 G)

	No. of ASCs	Percent of Total
Individual Owner	337	31.1%
Partnership	329	30.4%
Other	418	38.6%

(Data missing on 4 surveys)

TABLE 8.1

NUMBER OF OPERATING ROOMS PER FACILITY, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 27 D x 24 E)

Type of Facility	0 ORs	1 OR	2 ORs	3 ORs	4 ORs	5 ORs	6 ORs	> 6 ORs	No. of Facilities
Independent	13	226	310	86	73	17	11	0	736
Chain/Multi-facility	2	28	52	31	73	25	9	6	226
Hospital Operated	0	1	10	5	11	2	3	1	33
Other	2	26	22	13	14	5	3	0	85
Number of Facilities	17	281	394	135	171	49	26	7	1080

(Data missing on 5 surveys; reporting error on 3 surveys)

TABLE 8.2

NUMBER OF OPERATING ROOMS PER FACILITY, BY TYPE OF OWNERSHIP
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 27 D x 26 H)

Type of Ownership	0 ORs	1 OR	2 ORs	3 ORs	4 ORs	5 ORs	6 ORs	> 6 ORs	No. of Facilities
One Physician	2	152	163	15	4	2	1	0	339
2 or more Physicians	9	101	146	46	29	6	6	0	343
Group, some physicians	2	13	34	41	68	16	5	1	180
No physician owner(s)	1	1	7	15	12	4	1	2	43
Other	3	14	44	19	60	21	13	4	178
Number of Facilities	17	281	394	136	173	49	26	7	1083

(Data missing on 5 surveys; reporting error on 3 surveys)

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TABLE 8.3

NUMBER OF TREATMENT ROOMS PER FACILITY,
BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 28 F x 24 E)

Type of Facility	0 Trtmnt Rms	1 Trtmnt Rms	2 Trtmnt Rms	3 Trtmnt Rms	4 Trtmnt Rms	5 Trtmnt Rms	6 Trtmnt Rms	>6 Trtmnt Rms	No. of Facilities
Independent	295	300	82	35	13	4	2	6	737
Chain/Multi-facility	70	82	48	12	8	1	1	4	226
Hospital Operated	13	12	7	0	0	0	1	0	33
Other	34	26	11	9	3	1	1	0	85
Number of Facilities	412	420	148	56	24	6	5	10	1081

(Data missing on 4 surveys; reporting error on 3 surveys)

TABLE 8.4

NUMBER OF TREATMENT ROOMS PER FACILITY,
BY TYPE OF OWNERSHIP
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 28 F x 26 H)

Type of Ownership	0 Trtmnt Rms	1 Trtmnt Rms	2 Trtmnt Rms	3 Trtmnt Rms	4 Trtmnt Rms	5 Trtmnt Rms	6 Trtmnt Rms	>6 Trtmnt Rms	No. of Facilities
One physician	126	153	31	15	4	4	1	5	339
2 or more Physicians	156	116	39	16	13	0	1	2	343
Group, some physicians	60	72	36	10	1	1	0	1	181
No physician owner(s)	14	17	8	3	0	0	1	0	43
Other	58	62	34	13	6	1	2	2	178
Number of facilities	414	420	148	57	24	6	5	10	1084

(Data missing on 4 surveys)

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TABLE 8.5

NUMBER AND SIZE OF OPERATING AND TREATMENT ROOMS
NATIONALLY, AND BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 27 D,E,F & G)

Type of Facility	Number of ASCs	Number of ORs	Sum of OR Areas (Sq. feet)	No. of Trtmnt Rms	Sum of Treatment Room Areas (Sq. feet)	Average Number of ORs	Average OR Area (Sq. feet)	Average Number of Treatment Rooms	Average Trtmnt Rm Area (Sq. feet)
NATIONAL	1,084	2,623	951,608	1,148	237,365	2.4	362.8	1.1	206.8
Independent	737	1,547	544,150	724	148,580	2.1	351.7	1.0	205.2
Chain/Multi-facility	226	742	256,279	291	60,334	3.3	345.4	1.3	207.3
Hospital Operated	33	115	69,642	32	9,728	3.5	605.6	1.0	304.0
Other	85	208	76,492	98	18,507	2.4	367.8	1.2	188.8
Reporting Error	3	11	5,045	3	216	3.7	458.6	1.0	72.0

TABLE 9.1

DAYS AND HOURS OF OPERATION,
BY TYPE OF OWNERSHIP
(For Facilities Where Survey Period = 12 months)
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 26 H; p 27 A & B)

Owned By	Number of ASCs	Total # of Business Days	Avg # of Business Days	Total # of Business Hours	Avg # of Business Hours	Avg Length of Business Day (in hours)
NATIONAL	964	219,219	227.4	2,031,560	2,107.4	9.27
One physician	308	61,880	200.9	505,168	2,514.4	8.16
2 or more Physicians	296	68,296	230.7	612,593	2,655.0	8.97
Group, some physicians	158	38,762	245.3	390,844	1,593.1	10.08
No physician owner(s)	35	9,127	260.8	93,217	357.5	10.21
Other	167	41,154	246.4	429,738	1,743.8	10.44

TABLE 9.2

DAYS AND HOURS OF OPERATION,
BY TYPE OF FACILITY
(For Facilities Where Survey Period = 12 months)
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 24 E; p 27 A & B)

Type of Facility	Number of ASCs	Total # of Business Days	Avg # of Business Days	Total # of Business Hours	Avg # of Business Hours	Avg Length of Business Day (in hours)
NATIONAL	964	219,219	227.4	2,031,560	2,107.4	9.27
Independent	656	145,662	222.0	1,297,387	1,977.7	8.91
Chain/Multi-facility	205	49,654	242.2	516,363	2,518.8	10.40
Hospital Operated	30	7,137	237.9	69,428	2,314.3	9.73
Other	70	16,000	228.6	143,175	2,045.4	8.95
Reporting Error	3	766	255.3	5,207	1,735.7	6.80

INDEPENDENT FACILITIES, BY TYPE OF OWNERSHIP
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 24 E x p 26 H)

TABLE 10.1 OPERATING AND TREATMENT ROOMS

Owned By	No. of ASCs	Total No. of ORs	Sum of OR Area	Avg No. of ORs	Avg OR Area (sq. ft.)	No. of Trtmnt Rms	Sum of Trtmnt Rm Area	Avg No. of Trtmnt Rms	Avg Trtmnt Rm Area (sq. ft.)
One Physician	297	486	176,757	1.6	599.2	287	57,948	1.0	196.4
2 or more Physicians	288	622	211,550	2.2	734.6	293	43,767	1.0	153.0
Group, some physician	99	298	105,971	3.0	1,081.3	94	16,491	0.9	168.3
No physician owner(s)	14	48	17,116	3.4	1,222.6	17	25,244	1.2	1,803.1
Other	39	93	32,756	2.4	839.9	33	5,130	0.8	131.5
Total No. of independent facilities	737	1547	544,150	2.1	741.4	724	148,580	1.0	203.0

TABLE 10.2 BUSINESS HOURS AND BUSINESS DAYS

Owned By	No. of ASCs	Total # of Business Days	Avg # of Business Days	Total # of Business Hours	Avg # of Business Hours	Average Business Day In Hours
One Physician	269	54,099	201.1	441,460	1,641.1	8.16
2 or more Physicians	247	57,908	234.4	529,201	2,142.5	9.14
Group, some physician	92	22,269	242.1	221,705	2,409.8	9.96
No physician owner(s)	12	3,143	261.9	31,198	2,599.8	9.93
Other	36	8,243	229.0	73,823	2,050.6	8.96
Total No. of independent facilities	656	145,662	222.0	1,297,387	1,977.7	8.91

TABLE 10.3 NUMBER OF OPERATIVE SESSIONS

Owned By	No. of ASCs	Total # of Operative Sessions	Avg # of Operative Sessions	Total # of Oprtv Sessns Medicare Patients	Avg # of Oprtv Sessns Medicare Patients	Total # of Multiple Procedure Oprtv Sessns	Avg # of Multiple Proc Oprtv Sessns
One Physician	269	240,565	894.3	158,032	587.5	36,064	134.1
2 or more Physicians	247	423,162	1,713.2	184,765	748.0	67,145	271.8
Group, some physician	92	215,727	2,370.6	63,175	694.2	48,252	536.1
No physician owner(s)	12	37,279	3,106.6	8,489	707.4	3,627	329.7
Other	36	56,100	1,558.3	20,671	590.6	10,284	285.7
Total No. of independent facilities	656	972,833	1,485.2	435,132	665.3	165,372	253.3

FACILITIES EQUIPPED FOR PHACOEMULSIFICATION
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 32 C & D)

TABLE 11.1

5-C. Was the facility equipped for phaco during survey period?

	No. of Facilities	Percent
YES:	628	83.4%
NO:	125	16.6%

TABLE 11.2

5-C. Is the facility currently equipped for phaco?

	No. of Facilities	Percent
YES:	631	83.8%
NO:	122	16.2%

NOTE:
753 facilities reported that they performed lens insertion procedures
335 facilities reported that they did not perform lens insertion procedures

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TABLE 12.1

VOLUME OF MEDICARE COVERED PROCEDURES
NATIONALLY, AND BY TYPE OF FACILITY
For Facilities Where Survey Period = 12 months
(Form HCFA-452A, p 40)

Type of Facility	No. of ASCs	Number of Medicare Covered Procedures Performed, All Patients	Medicare Covered Procedure Volume By Type of Facility
TOTAL	964	1,626,091	
Independent	656	927,164	57.0%
Chain/multi-facility	205	479,831	29.5%
Hospital Operated	30	78,503	4.8%
Other	70	130,336	8.0%
Reporting Error	3	10,257	0.6%

TABLE 12.2

VOLUME OF NON-MEDICARE COVERED PROCEDURES
NATIONALLY, AND BY TYPE OF FACILITY
For Facilities Where Survey Period = 12 months
(Form HCFA-452A, p 42)

Type of Facility	No. of ASCs	Number of Non-Medicare Covered Procedures Performed, All Patients	Non-Medicare Covered Procedure Volume By Type of Facility
TOTAL	964	414,447	
Independent	656	212,420	51.3%
Chain/multi-facility	205	143,967	34.7%
Hospital Operated	30	20,694	5.0%
Other	70	34,581	8.3%
Reporting Error	3	2,785	0.7%

TABLE 12.3

MEDICARE COVERED AND NON-MEDICARE COVERED PROCEDURES
AS A PERCENTAGE OF TOTAL PROCEDURES PERFORMED
NATIONALLY, AND BY TYPE OF FACILITY
(For Facilities Where Survey Period = 12 months)
Form HCFA-452A, p 40 & 42

Type of Facility	No. of ASCs	Number of Medicare Covered Procedures Performed, All Patients	Number of Non-Medicare Covered Procedures Performed, All Patients	Total Number of Procedures Performed, Covered And Non-Covered, All Patients	Percentage of Medicare Covered Procedures To Total Procedures Performed	Percentage of Non-Medicare Covered Procedures To Total Procedures Performed
TOTAL	964	1,626,091	414,447	2,040,538	79.7%	20.3%
Independent	656	927,164	212,420	1,139,584	81.4%	18.6%
Chain/multi-facility	205	479,831	143,967	623,798	76.9%	23.1%
Hospital Operated	30	78,503	20,694	99,197	79.1%	20.9%
Other	70	130,336	34,581	164,917	79.0%	21.0%
Reporting Error	3	10,257	2,785	13,042	78.6%	21.4%

TABLE 12.4

PROCEDURES PERFORMED ON MEDICARE PATIENTS AS A PERCENTAGE OF TOTAL CASELOAD; NATIONALLY, AND BY TYPE OF FACILITY
For Facilities Where Survey Period = 12 months
(Form HCFA-452A, pp 40 & 42)

Type of Facility	No. of ASCs	Number of Medicare Covered Procedures Performed, All Patients	Number of Medicare Covered Procedures Performed, Medicare Patients	Percentage of Medicare Patients to Total Patients, (Medicare Covered Procedures)	Total Number of Procedures Performed, Covered And Non-Covered, All Patients	Percentage of Medicare Patients to Total Patients, For all Procedures, Covered & Non-covered
TOTAL	964	1,626,091	693,700	42.7%	2,040,538	34.0%
Independent	656	927,164	439,944	47.5%	1,139,584	38.6%
Chain/multi-facility	205	479,831	179,624	37.4%	623,798	28.8%
Hospital Operated	30	78,503	24,752	31.5%	99,197	25.0%
Other	70	130,336	48,268	37.0%	164,917	29.3%
Reporting Error	3	10,257	1,112	10.8%	13,042	8.5%

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TABLE 13.1

OPERATIVE SESSIONS,
BY TYPE OF FACILITY
(For Facilities Where Survey Period = 12 months)
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 23 B, C & D; p 24 E; p 26 H)

Type of Facility	No. of ASCs	Total # of Operative Sessions	Total # of Oprtv Sessns, Medicare Patients	Total # of Multiple Procedure Oprtv Sessns	Avg # of Operative Sessions	Avg # of Oprtv Sessns, Medicare Patients	Avg # of Multiple Procedure Oprtv Sessns
NATIONAL	964	1,776,606	692,762	279,887	1,843.0	718.6	290.3
Independent	656	972,833	435,132	165,372	1,483.0	663.3	252.1
Chain/Multi-facility	205	573,605	181,851	68,750	2,798.1	887.1	335.4
Hospital Operated	30	87,094	24,857	18,753	2,903.1	828.6	625.1
Other	70	133,631	49,774	25,065	1,909.0	711.1	358.1
Reporting Error	3	9,443	1,148	1,947	3,147.7	382.7	649.0

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TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
	TOTAL	1,609,505	688,946	42.8%				
1	66984	389,787	315,304	80.9%	$1,445	$1,450	$1,567	$1,564
2	66821	143,981	118,872	82.6%	$470	$467	$533	$533
3	45378	43,627	17,827	40.9%	$526	$495	$593	$549
4	69436	42,949	251	0.6%	$640	$600	$708	$630
5	58120	40,113	2,869	7.2%	$750	$712	$820	$764
6	43235	33,011	11,531	34.9%	$461	$417	$535	$465
7	62289	30,174	8,983	29.8%	$365	$352	$407	$427
8	64721	29,912	5,317	17.8%	$884	$876	$954	$937
9	19120	29,279	5,161	17.6%	$813	$795	$878	$873
10	29881	28,710	3,399	11.8%	$1,471	$1,420	$1,619	$1,531
11	43239	28,649	11,061	38.6%	$504	$477	$575	$548
12	45385	25,630	12,391	48.3%	$595	$575	$665	$662
13	52000	20,803	9,623	46.3%	$581	$440	$672	$522
14	62278	19,774	5,843	29.5%	$370	$386	$417	$397
15	45380	19,628	7,052	35.9%	$570	$501	$653	$614
16	28285	19,010	5,462	28.7%	$786	$746	$956	$916
17	49505	18,989	3,636	19.1%	$1,044	$1,020	$1,160	$1,125
18	30520	16,696	4	0.0%	$1,072	$1,010	$1,161	$1,186
19	58980	16,180	155	1.0%	$1,010	$1,077	$1,193	$1,291
20	29877	15,415	1,460	9.5%	$1,412	$1,391	$1,538	$1,471
21	58990	14,173	500	3.5%	$863	$789	$977	$854
22	66170	10,755	7,843	72.9%	$810	$782	$913	$863
23	57520	10,411	384	3.7%	$826	$813	$913	$866
24	29870	9,722	476	4.9%	$1,350	$1,282	$1,477	$1,415
25	20680	8,835	1,019	11.5%	$741	$784	$790	$796
26	19101	8,757	1,327	15.2%	$784	$850	$850	$910
27	66985	8,741	6,498	74.3%	$1,150	$1,150	$1,292	$1,289
28	69421	8,384	202	2.4%	$550	$509	$643	$586
29	28296	8,340	1,079	12.9%	$1,085	$1,198	$1,248	$1,354
30	57513	8,264	69	0.8%	$900	$848	$978	$918
31	28292	7,540	1,630	21.6%	$1,006	$1,050	$1,187	$1,306
32	58985	7,234	43	0.6%	$1,135	$1,239	$1,321	$1,450
33	28080	7,007	1,084	15.5%	$800	$775	$901	$900
34	26055	6,739	1,846	27.4%	$737	$733	$796	$774
35	42826	6,566	41	0.6%	$854	$830	$941	$925
36	55700	6,495	4,194	64.6%	$478	$410	$590	$607
37	25111	6,289	384	6.1%	$843	$822	$896	$868
38	65420	6,083	2,052	33.7%	$550	$500	$650	$632
39	28290	6,047	849	14.0%	$970	$1,005	$1,114	$1,184
40	67904	5,799	3,840	66.2%	$750	$722	$910	$952
41	29875	5,530	436	7.9%	$1,331	$1,300	$1,496	$1,476
42	52281	5,503	1,866	33.9%	$653	$596	$744	$754
43	54161	5,315	423	8.0%	$698	$737	$754	$780
44	58984	5,206	25	0.5%	$1,150	$1,277	$1,331	$1,543

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
45	11406	4,441	1,022	23.0%	$610	$600	$669	$662
46	64510	4,335	628	14.5%	$350	$350	$402	$386
47	30140	4,237	184	4.3%	$670	$522	$702	$651
48	67312	4,100	301	7.3%	$890	$925	$991	$968
49	67010	3,972	3,196	80.5%	$714	$670	$897	$886
50	52005	3,808	1,556	40.9%	$682	$464	$725	$604
51	14060	3,679	1,698	46.2%	$722	$724	$809	$799
52	29880	3,637	311	8.6%	$1,543	$1,580	$1,676	$1,644
53	43450	3,553	1,517	42.7%	$285	$271	$347	$260
54	30130	3,506	3	0.1%	$525	$433	$665	$563
55	45331	3,420	1,289	37.7%	$377	$300	$436	$336
56	45383	3,403	1,607	47.2%	$571	$517	$596	$522
57	26160	3,366	579	17.2%	$738	$758	$805	$811
58	67036	3,275	1,966	60.0%	$843	$1,371	$1,100	$1,777
59	28308	3,114	543	17.4%	$788	$744	$935	$877
60	42821	3,057	10	0.3%	$950	$920	$1,021	$1,004
61	31255	3,017	145	4.8%	$1,193	$1,173	$1,365	$1,491
62	30620	2,878	102	3.5%	$1,108	$1,264	$1,256	$1,261
63	28119	2,852	170	6.0%	$900	$900	$999	$1,041
64	29874	2,809	229	8.2%	$1,350	$1,300	$1,459	$1,358
65	64442	2,803	910	32.5%	$355	$584	$501	$668
66	28306	2,786	374	13.4%	$857	$953	$1,042	$1,170
67	64520	2,699	569	21.1%	$379	$413	$437	$437
68	66983	2,685	1,847	68.8%	$1,430	$1,372	$1,531	$1,579
69	31256	2,681	98	3.7%	$886	$925	$1,125	$1,185
70	67908	2,649	2,264	85.5%	$728	$800	$794	$825
71	49581	2,622	277	10.6%	$928	$908	$1,023	$982
72	31020	2,584	293	11.3%	$786	$750	$894	$755
73	28288	2,471	268	10.8%	$800	$800	$947	$1,004
74	65730	2,469	1,622	65.7%	$1,200	$1,250	$1,482	$1,558
75	66625	2,385	1,845	77.4%	$550	$450	$665	$544
76	57410	2,364	167	7.1%	$445	$368	$551	$768
77	69631	2,342	200	8.5%	$1,100	$991	$1,223	$1,188
78	50590	2,292	291	12.7%	$1,696	$1,921	$2,249	$2,492
79	14040	2,264	463	20.5%	$680	$650	$765	$729
80	67311	2,257	345	15.3%	$845	$900	$950	$879
81	30420	2,185	15	0.7%	$1,132	$1,169	$1,015	$1,346
82	22505	2,174	25	1.1%	$750	$900	$867	$782
83	29888	2,033	12	0.6%	$1,995	$2,877	$2,191	$2,854
84	52204	2,013	823	40.9%	$690	$621	$774	$731
85	66250	2,010	1,392	69.3%	$605	$523	$722	$645
86	66850	1,932	1,238	64.1%	$1,142	$1,229	$1,258	$1,306
87	15260	1,848	1,035	56.0%	$680	$639	$771	$749
88	69424	1,822	6	0.3%	$523	$517	$560	$559
89	67005	1,814	1,370	75.5%	$701	$700	$803	$746

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
90	64718	1,753	198	11.3%	$899	$882	$1,017	$967
91	29826	1,736	47	2.7%	$1,585	$1,699	$1,726	$1,853
92	31536	1,731	408	23.6%	$831	$688	$907	$867
93	13132	1,698	679	40.0%	$676	$534	$776	$769
94	31622	1,679	741	44.1%	$533	$504	$648	$554
95	38500	1,673	318	19.0%	$715	$695	$755	$726
96	27425	1,637	52	3.2%	$1,161	$1,050	$1,288	$1,171
97	52310	1,627	427	26.2%	$646	$476	$723	$601
98	11404	1,624	223	13.7%	$547	$492	$625	$540
99	67917	1,623	1,308	80.6%	$700	$640	$808	$767
100	28293	1,602	553	34.5%	$1,200	$978	$1,337	$1,232
101	20670	1,590	72	4.5%	$642	$629	$677	$672
102	29882	1,543	134	8.7%	$1,452	$1,698	$1,622	$1,674
103	28310	1,535	256	16.7%	$693	$715	$914	$870
104	49520	1,524	353	23.2%	$1,055	$1,033	$1,172	$1,175
105	25000	1,510	143	9.5%	$811	$832	$895	$909
106	28090	1,504	197	13.1%	$779	$800	$852	$893
107	68825	1,501	42	2.8%	$541	$520	$593	$571
108	11646	1,490	759	50.9%	$655	$709	$717	$770
109	28110	1,476	227	15.4%	$800	$854	$921	$996
110	67921	1,467	1,168	79.6%	$673	$725	$699	$724
111	56515	1,461	130	8.9%	$762	$849	$853	$865
112	54520	1,439	905	62.9%	$839	$749	$899	$839
113	11426	1,418	341	24.0%	$615	$680	$680	$702
114	26115	1,413	231	16.3%	$684	$703	$749	$757
115	65750	1,409	1,077	76.4%	$1,200	$1,320	$1,478	$1,511
116	67924	1,405	1,131	80.5%	$659	$650	$767	$724
117	46260	1,398	223	16.0%	$981	$1,233	$1,099	$1,435
118	67961	1,397	831	59.5%	$681	$682	$793	$802
119	30400	1,374	0	0.0%	$837	$815	$1,169	$940
120	31200	1,368	148	10.8%	$808	$796	$986	$859
121	28118	1,364	241	17.7%	$850	$877	$960	$1,048
122	66030	1,356	849	62.6%	$265	$150	$312	$213
123	58987	1,348	12	0.9%	$1,050	$1,176	$1,197	$1,444
124	15000	1,342	672	50.1%	$588	$555	$683	$697
125	11446	1,341	467	34.8%	$600	$650	$663	$689
126	11606	1,333	550	41.3%	$635	$641	$693	$744
127	31541	1,332	300	22.5%	$894	$890	$940	$917
128	29876	1,315	112	8.5%	$1,413	$1,406	$1,552	$1,496
129	67025	1,288	584	45.3%	$425	$295	$542	$304
130	65426	1,285	400	31.1%	$800	$770	$839	$824
131	58986	1,276	27	2.1%	$1,060	$1,050	$1,239	$1,284
132	55040	1,238	225	18.2%	$820	$810	$893	$926
133	43451	1,233	749	60.7%	$292	$293	$336	$317
134	31254	1,220	37	3.0%	$1,003	$1,005	$1,141	$1,227

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
135	13131	1,211	120	9.9%	$644	$434	$693	$568
136	43453	1,199	665	55.5%	$312	$260	$392	$313
137	52332	1,193	294	24.6%	$765	$684	$844	$777
138	19160	1,190	387	32.5%	$898	$1,100	$995	$1,173
139	28122	1,187	247	20.8%	$832	$775	$910	$912
140	28299	1,172	166	14.2%	$1,205	$1,725	$1,350	$1,753
141	43455	1,160	565	48.7%	$372	$282	$414	$340
142	66940	1,159	720	62.1%	$970	$856	$1,079	$1,051
143	43200	1,158	428	37.0%	$450	$404	$550	$497
144	21320	1,148	48	4.2%	$647	$626	$704	$676
145	20650	1,145	165	14.4%	$630	$411	$773	$605
146	29871	1,137	45	4.0%	$1,435	$1,816	$1,619	$1,916
147	67903	1,137	776	68.2%	$800	$629	$897	$765
148	29879	1,135	86	7.6%	$1,315	$1,310	$1,386	$1,367
149	52234	1,100	518	47.1%	$739	$803	$803	$874
150	29815	1,087	22	2.0%	$1,423	$1,320	$1,662	$1,548
151	26535	1,086	238	21.9%	$900	$686	$1,011	$803
152	67227	1,082	443	40.9%	$400	$381	$522	$534
153	64719	1,075	152	14.1%	$856	$725	$971	$819
154	15240	1,071	380	35.5%	$825	$752	$881	$844
155	19318	1,067	10	0.9%	$1,250	$1,667	$1,514	$1,723
156	11424	1,043	273	26.2%	$555	$500	$637	$630
157	13152	1,034	463	44.8%	$682	$545	$789	$734
158	31090	1,032	27	2.6%	$1,073	$962	$1,238	$1,245
159	65920	1,026	812	79.1%	$950	$1,033	$1,097	$1,151
160	23700	1,023	132	12.9%	$600	$575	$691	$656
161	46255	1,005	138	13.7%	$822	$850	$883	$923
162	64443	988	352	35.6%	$395	$677	$533	$706
163	67105	986	429	43.5%	$643	$575	$783	$555
164	49560	978	170	17.4%	$950	$978	$1,072	$1,180
165	67914	975	733	75.2%	$742	$690	$802	$782
166	54640	971	21	2.2%	$883	$950	$1,015	$1,025
167	64782	962	108	11.2%	$827	$889	$890	$1,038
168	24350	959	22	2.3%	$868	$891	$967	$970
169	67950	950	640	67.4%	$578	$511	$727	$795
170	11042	927	235	25.4%	$600	$630	$643	$609
171	15100	924	300	32.5%	$750	$750	$805	$806
172	11444	918	151	16.4%	$488	$331	$612	$484
173	13151	912	133	14.6%	$575	$481	$681	$643
174	30115	891	0	0.0%	$696	$600	$871	$702
175	38510	872	211	24.2%	$712	$669	$770	$760
176	19140	871	98	11.3%	$877	$874	$960	$968
177	28045	870	144	16.6%	$750	$750	$840	$859
178	67966	864	498	57.6%	$642	$599	$769	$753
179	37609	862	581	67.4%	$562	$566	$605	$609

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
180	67923	854	701	82.1%	$700	$695	$785	$783
181	67901	852	422	49.5%	$897	$844	$986	$1,027
182	69205	850	14	1.6%	$519	$482	$612	$534
183	67107	849	420	49.5%	$1,058	$970	$1,244	$1,145
184	28315	847	162	19.1%	$793	$800	$919	$941
185	31535	846	221	26.1%	$715	$720	$774	$777
186	21335	843	32	3.8%	$998	$1,190	$1,116	$1,218
187	31625	839	439	52.3%	$573	$420	$654	$599
188	31201	836	162	19.4%	$800	$800	$916	$953
189	43220	824	418	50.7%	$440	$435	$527	$481
190	28043	823	85	10.3%	$650	$637	$765	$755
191	24105	817	232	28.4%	$836	$850	$910	$891
192	62274	806	215	26.7%	$340	$330	$365	$411
193	19371	805	9	1.1%	$860	$928	$961	$998
194	44361	805	30	3.7%	$485	$284	$536	$313
195	56440	805	24	3.0%	$788	$790	$832	$856
196	26418	787	49	6.2%	$854	$810	$923	$856
197	11644	781	373	47.8%	$615	$525	$679	$622
198	55530	777	3	0.4%	$872	$825	$1,002	$1,014
199	28112	770	239	31.0%	$760	$846	$864	$1,012
200	19370	760	8	1.1%	$725	$800	$909	$891
201	26040	757	278	36.7%	$920	$898	$1,001	$975
202	62273	754	163	21.6%	$352	$276	$396	$361
203	29823	752	16	2.1%	$1,651	$1,486	$1,879	$1,812
204	52224	752	346	46.0%	$703	$703	$732	$698
205	67916	746	582	78.0%	$684	$650	$761	$755
206	30410	744	19	2.6%	$875	$886	$975	$975
207	26735	742	29	3.9%	$950	$950	$1,057	$1,094
208	11770	738	20	2.7%	$831	$808	$870	$849
209	28298	728	106	14.6%	$990	$1,187	$1,165	$1,379
210	69620	725	9	1.2%	$800	$809	$893	$977
211	42831	723	2	0.3%	$669	$797	$757	$772
212	21310	720	10	1.4%	$733	$767	$799	$785
213	46200	719	73	10.2%	$807	$770	$900	$863
214	19328	716	12	1.7%	$701	$674	$846	$823
215	14041	715	386	54.0%	$763	$650	$877	$767
216	21555	707	127	18.0%	$737	$684	$800	$803
217	31260	703	48	6.8%	$795	$1,202	$1,007	$1,531
218	46080	698	73	10.5%	$714	$714	$776	$792
219	31030	689	92	13.4%	$841	$727	$1,007	$851
220	37720	689	48	7.0%	$894	$955	$981	$1,079
221	26145	684	171	25.0%	$756	$725	$809	$741
222	64831	684	19	2.8%	$851	$725	$961	$824
223	21325	678	10	1.5%	$915	$850	$965	$891
224	26615	671	9	1.3%	$1,000	$1,000	$1,072	$1,077

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225	68720	665	357	53.7%	$1,010	$974	$1,092	$1,078
226	14020	664	188	28.3%	$709	$650	$763	$738
227	26116	662	113	17.1%	$769	$768	$822	$809
228	19350	655	18	2.7%	$850	$897	$962	$941
229	52214	649	255	39.3%	$727	$680	$812	$796
230	26350	646	23	3.6%	$905	$907	$1,007	$983
231	38525	636	96	15.1%	$781	$808	$830	$884
232	57065	625	20	3.2%	$772	$735	$899	$777
233	62288	625	141	22.6%	$320	$350	$331	$354
234	28286	623	160	25.7%	$871	$810	$1,047	$1,094
235	64420	622	290	46.6%	$350	$312	$415	$388
236	64421	619	231	37.3%	$340	$304	$378	$297
237	57820	616	54	8.8%	$780	$1,077	$805	$985
238	31267	614	41	6.7%	$847	$720	$1,073	$989
239	29822	612	21	3.4%	$1,613	$1,792	$1,792	$1,985
240	45355	610	169	27.7%	$573	$501	$631	$541
241	67808	606	90	14.9%	$616	$613	$708	$664
242	26121	602	228	37.9%	$806	$753	$948	$932
243	45333	602	287	47.7%	$470	$329	$533	$443
244	19100	600	69	11.5%	$731	$788	$784	$819
245	66160	597	481	80.6%	$700	$600	$827	$723
246	26860	586	172	29.4%	$860	$776	$966	$836
247	52260	574	97	16.9%	$707	$800	$777	$893
248	67108	572	281	49.1%	$1,200	$2,930	$1,574	$2,458
249	49515	564	88	15.6%	$1,023	$1,140	$1,078	$1,159
250	26440	552	50	9.1%	$800	$825	$823	$812
251	21315	551	9	1.6%	$656	$713	$719	$759
252	52285	545	97	17.8%	$700	$916	$792	$1,130
253	21337	544	2	0.4%	$806	$878	$869	$874
254	25115	539	71	13.2%	$751	$570	$863	$701
255	31252	538	38	7.1%	$1,045	$1,280	$1,144	$1,469
256	14000	530	66	12.5%	$655	$650	$742	$699
257	27570	530	93	17.5%	$560	$517	$688	$625
258	43202	525	191	36.4%	$475	$522	$615	$683
259	28312	522	220	42.1%	$680	$499	$802	$668
260	66680	520	387	74.4%	$547	$545	$655	$611
261	37700	519	46	8.9%	$902	$971	$1,001	$969
262	23130	516	78	15.1%	$1,038	$1,075	$1,157	$1,290
263	29819	516	13	2.5%	$1,789	$1,789	$1,799	$2,043
264	13101	511	154	30.1%	$597	$523	$680	$603
265	13121	511	173	33.9%	$675	$512	$738	$676
266	51726	509	208	40.9%	$317	$358	$463	$569
267	66682	508	373	73.4%	$600	$590	$725	$699
268	55400	490	2	0.4%	$1,109	$1,225	$1,265	$1,283
269	13300	486	106	21.8%	$807	$895	$864	$890

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270	41806	484	24	5.0%	$678	$415	$738	$432
271	51785	479	185	38.6%	$448	$495	$434	$478
272	26445	477	34	7.1%	$800	$650	$844	$696
273	26123	476	176	37.0%	$895	$920	$1,008	$1,013
274	67880	475	318	66.9%	$550	$580	$623	$613
275	20525	471	60	12.7%	$672	$736	$751	$772
276	28008	470	59	12.6%	$790	$757	$887	$830
277	64727	470	96	20.4%	$728	$480	$756	$556
278	52276	461	206	44.7%	$635	$758	$776	$862
279	28192	458	9	2.0%	$686	$536	$708	$609
280	43251	457	193	42.2%	$471	$480	$525	$565
281	65400	456	200	43.9%	$500	$500	$603	$580
282	26540	454	19	4.2%	$964	$1,002	$1,033	$1,062
283	46270	452	27	6.0%	$730	$790	$804	$819
284	26951	449	67	14.9%	$730	$716	$801	$753
285	23420	447	31	6.9%	$1,404	$1,456	$1,480	$1,546
286	28120	444	53	11.9%	$850	$889	$966	$1,022
287	58994	444	6	1.4%	$1,000	$2,336	$1,156	$1,816
288	26530	443	61	13.8%	$863	$780	$945	$752
289	29894	443	15	3.4%	$1,550	$1,674	$1,662	$1,772
290	37785	443	55	12.4%	$789	$853	$922	$962
291	46000	443	42	9.5%	$742	$712	$799	$804
292	11604	442	218	49.3%	$535	$540	$592	$593
293	26045	442	179	40.5%	$832	$900	$958	$998
294	13150	435	47	10.8%	$588	$618	$671	$668
295	21556	435	86	19.8%	$744	$790	$811	$870
296	28150	434	113	26.0%	$729	$760	$864	$871
297	54057	434	7	1.6%	$638	$702	$721	$688
298	67101	428	100	23.4%	$738	$616	$954	$753
299	28060	425	644	151.5%	$751	$781	$842	$902
300	67935	425	383	90.1%	$566	$1,200	$646	$1,091
301	11044	424	73	17.2%	$685	$543	$776	$646
302	46924	424	26	6.1%	$725	$699	$788	$792
303	58992	423	6	1.4%	$910	$715	$1,013	$1,016
304	11771	419	8	1.9%	$862	$874	$948	$968
305	64722	415	38	9.2%	$823	$875	$905	$863
306	65710	408	188	46.1%	$1,440	$1,650	$1,586	$1,575
307	31525	407	72	17.7%	$681	$673	$724	$743
308	47000	407	86	21.1%	$413	$390	$516	$475
309	64708	403	27	6.7%	$794	$619	$981	$783
310	26210	401	50	12.5%	$696	$727	$751	$749
311	54840	401	67	16.7%	$802	$813	$922	$914
312	64830	401	18	4.5%	$952	$891	$1,077	$956
313	19380	394	18	4.6%	$767	$781	$939	$896
314	64704	390	48	12.3%	$800	$766	$923	$914

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
315	28100	386	14	3.6%	$833	$932	$989	$944
316	40819	386	10	2.6%	$551	$529	$599	$572
317	23120	377	3	0.8%	$943	$1,012	$1,204	$1,164
318	30430	377	46	12.2%	$674	$677	$1,281	$757
319	25005	374	35	9.4%	$784	$850	$852	$988
320	29846	371	2	0.5%	$1,650	$1,677	$1,661	$1,637
321	69641	371	34	9.2%	$1,372	$1,355	$1,582	$1,606
322	28035	367	24	6.5%	$835	$823	$969	$1,003
323	21930	366	19	5.2%	$714	$600	$787	$707
324	53020	364	29	8.0%	$589	$573	$607	$591
325	11626	358	189	52.8%	$600	$650	$677	$703
326	29840	358	8	2.2%	$1,450	$1,389	$1,612	$1,579
327	67909	357	212	59.4%	$785	$759	$847	$840
328	26356	355	13	3.7%	$850	$856	$946	$931
329	19342	354	15	4.2%	$906	$908	$1,008	$1,016
330	28104	354	25	7.1%	$787	$735	$879	$861
331	57135	352	28	8.0%	$637	$643	$708	$739
332	28113	350	95	27.1%	$839	$880	$907	$903
333	69440	346	32	9.2%	$723	$600	$818	$739
334	45382	344	206	59.9%	$551	$588	$598	$652
335	31540	343	73	21.3%	$779	$710	$866	$814
336	28114	341	74	21.7%	$941	$850	$1,072	$905
337	29884	338	17	5.0%	$1,450	$1,366	$1,515	$1,597
338	46250	338	47	13.9%	$831	$941	$871	$1,019
339	64774	337	36	10.7%	$765	$750	$844	$832
340	58988	335	3	0.9%	$1,050	$1,078	$1,259	$1,322
341	26850	333	21	6.3%	$875	$600	$1,054	$708
342	69660	332	36	10.8%	$1,223	$1,054	$1,367	$1,293
343	49570	331	30	9.1%	$972	$1,025	$1,038	$1,050
344	30310	328	2	0.6%	$500	$285	$774	$386
345	27332	324	3	0.9%	$1,121	$336	$1,320	$1,110
346	64622	324	125	38.6%	$861	$1,102	$919	$1,255
347	68320	324	150	46.3%	$700	$563	$813	$723
348	52235	322	185	57.5%	$816	$1,082	$985	$1,013
349	66830	321	375	116.8%	$724	$2,413	$839	$1,800
350	54065	320	6	1.9%	$635	$607	$773	$1,091
351	56740	313	10	3.2%	$765	$765	$800	$842
352	25118	311	23	7.4%	$775	$793	$826	$798
353	52337	311	36	11.6%	$1,545	$415	$2,000	$404
354	43234	310	32	10.3%	$575	$755	$593	$584
355	67208	307	101	32.9%	$462	$952	$533	$795
356	67030	305	69	22.6%	$650	$426	$657	$499
357	10141	303	67	22.1%	$546	$569	$643	$645
358	14061	302	169	56.0%	$833	$600	$941	$842
359	65875	300	235	78.3%	$714	$790	$739	$861

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
360	37730	299	16	5.4%	$1,007	$1,232	$1,107	$2,027
361	28294	298	85	28.5%	$994	$955	$1,256	$1,170
362	67141	298	126	42.3%	$453	$415	$528	$548
363	14300	297	95	32.0%	$933	$1,221	$1,005	$1,211
364	30117	297	160	53.9%	$640	$619	$742	$715
365	28755	291	96	33.0%	$861	$1,018	$1,036	$1,113
366	49550	291	64	22.0%	$987	$954	$1,075	$1,041
367	11043	290	141	48.6%	$620	$340	$626	$503
368	26525	290	27	9.3%	$671	$518	$787	$671
369	31526	288	50	17.4%	$636	$575	$729	$697
370	13100	287	41	14.3%	$628	$451	$648	$493
371	64417	285	21	7.4%	$350	$350	$350	$331
372	52340	280	189	67.5%	$802	$680	$867	$858
373	27630	278	48	17.3%	$770	$800	$832	$863
374	65755	278	227	81.7%	$1,136	$1,150	$1,402	$1,511
375	26531	277	93	33.6%	$1,197	$979	$1,332	$1,145
376	65850	277	147	53.1%	$895	$905	$924	$1,096
377	26410	275	27	9.8%	$797	$758	$875	$802
378	28111	271	48	17.7%	$926	$974	$1,023	$1,015
379	66762	270	189	70.0%	$425	$400	$551	$568
380	43245	268	110	41.0%	$475	$434	$553	$497
381	66840	267	180	67.4%	$800	$638	$894	$812
382	66720	266	181	68.0%	$500	$550	$616	$721
383	69632	265	128	48.3%	$1,050	$1,025	$1,180	$1,154
384	27345	264	34	12.9%	$835	$849	$889	$886
385	19340	260	2	0.8%	$815	$920	$922	$1,010
386	57800	259	3	1.2%	$472	$623	$546	$629
387	62279	259	45	17.4%	$330	$321	$383	$359
388	69110	257	92	35.8%	$611	$638	$678	$673
389	27650	256	10	3.9%	$1,025	$1,060	$1,086	$1,109
390	54152	256	24	9.4%	$640	$730	$714	$790
391	15220	254	102	40.2%	$672	$670	$747	$729
392	23455	251	3	1.2%	$2,000	$1,881	$1,932	$1,903
393	26520	250	30	12.0%	$728	$823	$789	$805
394	31032	246	34	13.8%	$880	$901	$1,059	$1,009
395	14001	245	59	24.1%	$710	$650	$784	$733
396	28485	245	18	7.3%	$897	$942	$1,018	$1,111
397	64702	245	17	6.9%	$800	$734	$864	$786
398	25112	242	19	7.9%	$825	$792	$887	$860
399	14021	240	75	31.3%	$839	$650	$882	$803
400	65810	240	184	76.7%	$541	$462	$690	$666
401	67031	240	176	73.3%	$488	$408	$542	$534
402	24075	238	53	22.3%	$603	$610	$669	$650
403	28300	238	11	4.6%	$863	$1,225	$1,106	$1,261
404	11960	237	11	4.6%	$900	$977	$1,046	$1,051

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
405	66740	237	184	77.6%	$998	$795	$1,029	$843
406	26125	236	129	54.7%	$790	$780	$882	$812
407	25605	231	37	16.0%	$732	$795	$850	$861
408	27340	230	13	5.7%	$852	$840	$899	$903
409	15120	229	77	33.6%	$704	$683	$785	$747
410	25270	229	8	3.5%	$835	$1,028	$943	$1,057
411	20205	228	60	26.3%	$671	$614	$692	$666
412	28820	228	111	48.7%	$722	$722	$788	$805
413	27327	227	36	15.9%	$690	$728	$714	$713
414	11970	226	4	1.8%	$1,010	$896	$1,142	$1,135
415	24356	225	9	4.0%	$844	$750	$872	$702
416	66605	224	182	81.3%	$457	$528	$608	$492
417	13120	223	39	17.5%	$773	$537	$712	$617
418	19330	221	8	3.6%	$607	$559	$748	$671
419	21330	221	7	3.2%	$984	$1,003	$1,069	$1,122
420	28092	221	40	18.1%	$730	$736	$786	$773
421	28750	221	72	32.6%	$1,002	$1,108	$1,155	$1,234
422	66020	221	71	32.1%	$368	$268	$421	$374
423	23415	216	7	3.2%	$1,190	$1,192	$1,390	$1,325
424	51600	216	46	21.3%	$553	$98	$588	$197
425	29895	214	3	1.4%	$1,450	$1,529	$1,574	$1,614
426	58145	214	1	0.5%	$752	$460	$889	$756
427	52335	212	54	25.5%	$921	$889	$1,107	$1,102
428	67332	212	30	14.2%	$810	$897	$898	$962
429	19182	210	23	11.0%	$1,000	$900	$1,072	$985
430	24351	210	3	1.4%	$970	$906	$1,039	$1,016
431	19180	209	60	28.7%	$1,000	$1,425	$1,161	$1,776
432	26536	209	67	32.1%	$1,050	$1,200	$1,078	$1,094
433	66155	209	163	78.0%	$857	$874	$925	$930
434	42440	208	40	19.2%	$880	$889	$964	$957
435	67015	208	135	64.9%	$500	$500	$696	$738
436	30802	205	7	3.4%	$330	$750	$588	$1,094
437	66630	205	157	76.6%	$523	$475	$619	$554
438	43255	203	112	55.2%	$513	$552	$544	$626
439	67314	203	29	14.3%	$797	$750	$889	$877
440	25240	202	44	21.8%	$888	$828	$1,039	$894
441	25611	202	59	29.2%	$950	$1,018	$1,179	$1,211
442	26260	202	2	1.0%	$875	$950	$760	$946
443	31628	201	129	64.2%	$715	$655	$736	$614
444	31275	200	6	3.0%	$500	$500	$740	$648
445	25075	199	18	9.0%	$647	$600	$737	$663
446	43226	199	115	57.8%	$480	$563	$542	$487
447	15200	198	51	25.8%	$714	$714	$811	$735
448	69145	198	28	14.1%	$613	$603	$686	$655
449	54530	197	77	39.1%	$920	$958	$1,042	$1,045

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450	27372	196	13	6.6%	$761	$917	$805	$896
451	69635	196	23	11.7%	$1,331	$1,500	$1,381	$1,452
452	21040	194	21	10.8%	$744	$770	$870	$944
453	25620	194	41	21.1%	$1,085	$1,225	$1,308	$1,448
454	28240	194	27	13.9%	$566	$757	$761	$831
455	23410	193	13	6.7%	$1,254	$2,000	$1,398	$1,640
456	29898	193	8	4.1%	$1,585	$1,830	$1,583	$1,750
457	62282	193	3	1.6%	$337	$332	$560	$378
458	52601	192	26	13.5%	$1,082	$1,351	$1,119	$1,306
459	43247	191	87	45.5%	$450	$452	$460	$464
460	68700	191	92	48.2%	$525	$746	$653	$695
461	27310	190	11	5.8%	$835	$990	$953	$947
462	56700	190	4	2.1%	$605	$641	$675	$690
463	50980	188	2	1.1%	$748	$2,500	$1,128	$2,441
464	65870	188	144	76.6%	$600	$550	$671	$572
465	25076	186	41	22.0%	$800	$800	$861	$916
466	29897	186	6	3.2%	$1,495	$1,452	$1,570	$1,532
467	54505	186	3	1.6%	$558	$590	$668	$714
468	43260	184	33	17.9%	$721	$665	$830	$603
469	22900	183	39	21.3%	$740	$694	$822	$852
470	28193	183	40	21.9%	$759	$787	$846	$827
471	13160	181	30	16.6%	$643	$695	$723	$749
472	64415	181	30	16.6%	$338	$350	$384	$341
473	66150	181	150	82.9%	$736	$722	$876	$818
474	56620	179	18	10.1%	$800	$784	$872	$847
475	62276	179	71	39.7%	$439	$618	$570	$735
476	69642	179	15	8.4%	$1,334	$1,213	$1,585	$1,476
477	27328	178	36	20.2%	$782	$835	$858	$904
478	62270	177	46	26.0%	$350	$485	$390	$438
479	23075	176	12	6.8%	$582	$577	$685	$654
480	27620	175	11	6.3%	$935	$1,000	$1,074	$1,097
481	49000	175	6	3.4%	$1,104	$1,200	$1,226	$1,409
482	29843	174	0	0.0%	$1,785	$1,499	$1,979	$1,515
483	25447	172	13	7.6%	$994	$896	$1,108	$1,024
484	31070	171	34	19.9%	$635	$530	$788	$709
485	67715	171	120	70.2%	$515	$1,050	$650	$839
486	11624	170	85	50.0%	$625	$591	$670	$659
487	26765	170	5	2.9%	$800	$750	$900	$820
488	30450	170	4	2.4%	$995	$867	$927	$990
489	26370	169	5	3.0%	$868	$813	$922	$910
490	60280	169	12	7.1%	$929	$900	$985	$982
491	28062	168	24	14.3%	$729	$636	$848	$913
492	64776	168	19	11.3%	$749	$748	$804	$740
493	11971	166	13	7.8%	$639	$775	$745	$759
494	25310	166	31	18.7%	$871	$737	$906	$786

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	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
495	26746	166	4	2.4%	$947	$900	$1,037	$931
496	28238	166	3	1.8%	$923	$850	$995	$975
497	57720	166	7	4.2%	$799	$900	$862	$894
498	67412	166	55	33.1%	$750	$750	$931	$879
499	29883	165	13	7.9%	$1,400	$1,500	$1,568	$1,537
500	25110	164	28	17.1%	$680	$665	$747	$704
501	49525	163	61	37.4%	$988	$1,111	$1,016	$1,182
502	51610	163	92	56.4%	$615	$120	$506	$208
503	46261	162	34	21.0%	$950	$1,926	$1,070	$1,538
504	52275	161	59	36.6%	$680	$661	$746	$779
505	67038	161	80	49.7%	$1,000	$1,000	$1,552	$1,903
506	26140	160	34	21.3%	$780	$672	$803	$700
507	67911	160	43	26.9%	$650	$609	$831	$856
508	24076	159	29	18.2%	$735	$834	$812	$877
509	25210	159	27	17.0%	$921	$740	$954	$860
510	11772	158	3	1.9%	$920	$920	$1,038	$1,022
511	69501	157	7	4.5%	$1,316	$1,177	$1,420	$1,272
512	25101	156	21	13.5%	$903	$1,020	$1,048	$1,134
513	28208	155	27	17.4%	$795	$500	$824	$717
514	46275	155	18	11.6%	$751	$749	$839	$853
515	56200	155	4	2.6%	$747	$800	$818	$872
516	26952	154	15	9.7%	$744	$740	$820	$773
517	66635	154	122	79.2%	$575	$590	$697	$688
518	11450	153	6	3.9%	$691	$729	$794	$795
519	44360	153	17	11.1%	$511	$850	$557	$714
520	45170	153	74	48.4%	$624	$624	$725	$713
521	52240	153	86	56.2%	$894	$1,273	$974	$1,198
522	52270	153	37	24.2%	$614	$450	$702	$663
523	23076	152	39	25.7%	$662	$805	$739	$789
524	26080	152	16	10.5%	$797	$748	$793	$726
525	31263	152	3	2.0%	$1,009	$1,100	$1,280	$1,521
526	55500	152	20	13.2%	$785	$795	$866	$895
527	66986	152	107	70.4%	$1,000	$1,272	$1,224	$1,420
528	24101	151	11	7.3%	$985	$975	$1,043	$1,050
529	25320	150	14	9.3%	$881	$1,078	$949	$1,000
530	28280	150	24	16.0%	$638	$673	$695	$697
531	25295	149	6	4.0%	$802	$820	$840	$863
532	55520	149	21	14.1%	$811	$784	$902	$835
533	26070	148	10	6.8%	$795	$856	$824	$873
534	21208	146	3	2.1%	$628	$520	$805	$644
535	26527	145	25	17.2%	$896	$732	$977	$845
536	36489	145	19	13.1%	$850	$825	$1,011	$870
537	26320	144	13	9.0%	$734	$732	$795	$695
538	54060	144	2	1.4%	$520	$500	$614	$603
539	19366	143	5	3.5%	$1,200	$1,358	$1,408	$1,686

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
540	29834	142	6	4.2%	$1,421	$1,587	$1,562	$1,601
541	31510	142	25	17.6%	$808	$770	$838	$783
542	67120	142	76	53.5%	$527	$1,000	$737	$1,388
543	38520	141	36	25.5%	$662	$709	$734	$752
544	53265	141	40	28.4%	$637	$850	$679	$772
545	15760	140	30	21.4%	$650	$535	$758	$689
546	26756	140	3	2.1%	$900	$800	$1,001	$896
547	31277	140	3	2.1%	$654	$641	$790	$715
548	26433	138	9	6.5%	$813	$750	$876	$843
549	41115	138	5	3.6%	$529	$545	$552	$581
550	66600	138	76	55.1%	$700	$733	$867	$941
551	25260	137	6	4.4%	$845	$856	$913	$880
552	46700	137	23	16.8%	$761	$1,749	$910	$1,316
553	53605	137	45	32.8%	$371	$310	$443	$284
554	26200	135	18	13.3%	$750	$876	$752	$878
555	21235	134	13	9.7%	$749	$771	$803	$896
556	27618	134	7	5.2%	$711	$750	$758	$793
557	38740	134	36	26.9%	$760	$953	$821	$911
558	51725	134	41	30.6%	$400	$430	$564	$811
559	21041	133	9	6.8%	$854	$900	$957	$977
560	38745	132	49	37.1%	$900	$975	$994	$1,019
561	52330	132	22	16.7%	$753	$618	$785	$727
562	19162	131	18	13.7%	$1,225	$1,225	$1,226	$1,280
563	42810	131	7	5.3%	$740	$738	$777	$768
564	58900	131	3	2.3%	$493	$760	$719	$771
565	26910	130	18	13.8%	$873	$879	$853	$866
566	31515	130	33	25.4%	$555	$546	$595	$539
567	54860	129	15	11.6%	$750	$745	$831	$815
568	67971	129	62	48.1%	$800	$800	$1,015	$1,026
569	27407	128	1	0.8%	$1,850	$2,935	$2,318	$3,084
570	28810	128	63	49.2%	$754	$735	$860	$840
571	26432	127	10	7.9%	$848	$840	$912	$848
572	57105	127	38	29.9%	$598	$629	$625	$614
573	26545	126	11	8.7%	$850	$730	$980	$917
574	40510	126	53	42.1%	$634	$625	$738	$716
575	46220	126	12	9.5%	$543	$550	$599	$669
576	26607	125	5	4.0%	$728	$776	$757	$815
577	40500	125	63	50.4%	$625	$600	$693	$692
578	52500	125	85	68.0%	$765	$865	$835	$936
579	26075	124	9	7.3%	$749	$800	$790	$782
580	46280	124	5	4.0%	$900	$960	$888	$942
581	27690	120	24	20.0%	$880	$1,300	$1,061	$1,154
582	46040	120	9	7.5%	$671	$592	$770	$673
583	25105	119	12	10.1%	$802	$847	$937	$941
584	65865	119	57	47.9%	$565	$800	$694	$981

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
585	29889	118	0	0.0%	$1,500	$4,500	$2,121	$3,692
586	31265	118	4	3.4%	$802	$1,001	$882	$997
587	28200	117	21	17.9%	$780	$770	$834	$842
588	55535	117	1	0.9%	$915	$900	$1,137	$1,044
589	31050	116	9	7.8%	$419	$352	$654	$561
590	49565	116	21	18.1%	$875	$982	$1,004	$1,150
591	67902	116	27	23.3%	$926	$887	$1,054	$1,075
592	21360	114	7	6.1%	$807	$815	$877	$900
593	21010	113	2	1.8%	$960	$810	$980	$899
594	41112	113	12	10.6%	$569	$541	$617	$606
595	42410	113	28	24.8%	$860	$920	$945	$954
596	42836	112	0	0.0%	$568	$450	$640	$527
597	45336	112	57	50.9%	$416	$342	$448	$399
598	49080	112	30	26.8%	$419	$360	$552	$514
599	57700	112	5	4.5%	$816	$937	$841	$935
600	68750	112	54	48.2%	$1,072	$1,070	$1,133	$1,204
601	28030	111	15	13.5%	$790	$750	$851	$797
602	29820	111	3	2.7%	$1,475	$1,495	$1,613	$1,945
603	66930	111	74	66.7%	$1,000	$1,282	$1,168	$1,445
604	67040	111	52	46.8%	$1,361	$1,200	$1,769	$1,549
605	40520	110	62	56.4%	$635	$595	$673	$652
606	55060	110	13	11.8%	$795	$741	$791	$773
607	68362	110	79	71.8%	$540	$525	$626	$571
608	21550	109	18	16.5%	$651	$672	$705	$676
609	28020	109	9	8.3%	$830	$836	$876	$892
610	28250	109	9	8.3%	$740	$675	$797	$717
611	30903	109	7	6.4%	$630	$695	$706	$695
612	28261	108	31	28.7%	$566	$350	$677	$520
613	28825	108	49	45.4%	$707	$720	$793	$815
614	42145	108	2	1.9%	$810	$767	$882	$790
615	27792	107	10	9.3%	$1,178	$1,191	$1,321	$1,419
616	63610	107	4	3.7%	$971	$971	$971	$971
617	68130	107	42	39.3%	$520	$500	$600	$564
618	27695	106	0	0.0%	$1,006	$985	$1,186	$1,335
619	52290	106	12	11.3%	$663	$660	$687	$703
620	26567	104	4	3.8%	$868	$574	$902	$727
621	44388	104	50	48.1%	$513	$453	$577	$505
622	26135	103	38	36.9%	$787	$720	$896	$757
623	41520	103	2	1.9%	$542	$500	$567	$501
624	65285	103	58	56.3%	$750	$750	$877	$855
625	65105	102	40	39.2%	$845	$862	$988	$1,109
626	15576	101	78	77.2%	$839	$650	$866	$663
627	20200	101	20	19.8%	$535	$630	$591	$590
628	26011	101	7	6.9%	$557	$950	$638	$839
629	56720	101	2	2.0%	$594	$575	$626	$608

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
630	42104	100	15	15.0%	$553	$574	$647	$742
631	54550	100	3	3.0%	$813	$922	$915	$1,155
632	25116	99	23	23.2%	$818	$775	$987	$911
633	25565	99	7	7.1%	$762	$795	$874	$905
634	26727	99	3	3.0%	$900	$900	$1,036	$1,032
635	27635	99	8	8.1%	$810	$800	$849	$872
636	30630	99	11	11.1%	$840	$807	$921	$885
637	46060	99	8	8.1%	$775	$777	$857	$1,081
638	43243	98	18	18.4%	$592	$593	$592	$579
639	45505	98	10	10.2%	$695	$2,500	$991	$1,775
640	67316	98	5	5.1%	$785	$785	$819	$827
641	15770	97	11	11.3%	$675	$471	$755	$664
642	43258	97	30	30.9%	$454	$350	$489	$399
643	53450	97	12	12.4%	$482	$995	$686	$1,068
644	64795	97	37	38.1%	$676	$584	$714	$617
645	20900	96	14	14.6%	$803	$803	$876	$852
646	46257	96	12	12.5%	$860	$740	$955	$916
647	49510	96	18	18.8%	$975	$1,179	$1,084	$1,085
648	27640	95	11	11.6%	$709	$825	$793	$827
649	43760	95	63	66.3%	$250	$198	$298	$241
650	65280	95	29	30.5%	$670	$722	$764	$1,293
651	65815	95	87	91.6%	$478	$364	$590	$515
652	66920	95	47	49.5%	$960	$960	$1,028	$1,042
653	20912	94	18	19.1%	$753	$1,000	$815	$932
654	26841	94	24	25.5%	$952	$867	$1,042	$1,026
655	27698	94	1	1.1%	$1,035	$1,200	$1,243	$1,326
656	41116	94	25	26.6%	$560	$626	$677	$694
657	65930	94	66	70.2%	$760	$746	$836	$815
658	24120	93	14	15.1%	$915	$981	$1,026	$999
659	25825	93	3	3.2%	$1,300	$729	$1,468	$930
660	26480	93	26	28.0%	$1,064	$1,072	$1,115	$1,279
661	27360	93	4	4.3%	$855	$859	$950	$971
662	37760	93	7	7.5%	$1,125	$442	$1,208	$768
663	27427	92	0	0.0%	$1,443	$3,540	$1,876	$3,262
664	45330	92	23	25.0%	$443	$443	$443	$443
665	67882	92	61	66.3%	$700	$664	$817	$773
666	23655	91	12	13.2%	$528	$504	$727	$843
667	26426	91	7	7.7%	$863	$875	$967	$958
668	57250	91	2	2.2%	$800	$980	$932	$1,012
669	55041	90	26	28.9%	$964	$978	$1,113	$1,354
670	15050	89	11	12.4%	$573	$560	$607	$600
671	20690	88	7	8.0%	$833	$695	$1,432	$1,095
672	29830	88	1	1.1%	$1,450	$1,450	$1,570	$1,507
673	42140	87	4	4.6%	$577	$600	$556	$556
674	55705	87	44	50.6%	$559	$621	$643	$1,079

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
675	19260	86	18	20.9%	$715	$730	$774	$757
676	25230	86	6	7.0%	$890	$775	$965	$764
677	27685	86	8	9.3%	$900	$1,024	$1,000	$1,022
678	41010	86	1	1.2%	$590	$484	$632	$551
679	21365	85	3	3.5%	$855	$833	$1,120	$1,124
680	26565	85	9	10.6%	$895	$775	$952	$809
681	30435	85	13	15.3%	$909	$975	$791	$945
682	25440	84	0	0.0%	$1,200	$1,365	$1,369	$1,400
683	26593	84	13	15.5%	$777	$592	$822	$613
684	10180	83	13	15.7%	$524	$500	$573	$558
685	26843	83	7	8.4%	$918	$1,300	$918	$1,175
686	28725	83	5	6.0%	$1,435	$1,545	$1,752	$1,710
687	44382	83	4	4.8%	$460	$410	$462	$423
688	64834	83	6	7.2%	$856	$725	$986	$866
689	15574	82	34	41.5%	$702	$596	$771	$634
690	25610	82	10	12.2%	$688	$719	$798	$786
691	43204	82	40	48.8%	$603	$408	$557	$507
692	15580	80	5	6.3%	$819	$729	$918	$891
693	29821	80	1	1.3%	$2,070	$1,700	$1,924	$2,026
694	68326	80	31	38.8%	$700	$550	$752	$624
695	54300	79	1	1.3%	$828	$942	$882	$971
696	26471	78	13	16.7%	$700	$452	$832	$567
697	26548	78	1	1.3%	$845	$840	$945	$949
698	28002	78	16	20.5%	$840	$716	$876	$866
699	28740	78	24	30.8%	$761	$750	$857	$858
700	46922	78	5	6.4%	$525	$550	$594	$593
701	64788	78	8	10.3%	$698	$624	$747	$687
702	64832	78	4	5.1%	$564	$741	$677	$689
703	67400	78	27	34.6%	$750	$742	$899	$966
704	23140	77	8	10.4%	$813	$758	$832	$838
705	65150	77	53	68.8%	$698	$500	$704	$632
706	66500	77	47	61.0%	$620	$640	$711	$639
707	27324	76	12	15.8%	$620	$640	$646	$672
708	27331	76	5	6.6%	$956	$900	$1,124	$1,029
709	28260	76	25	32.9%	$508	$441	$625	$556
710	38760	76	12	15.8%	$742	$704	$774	$784
711	67331	76	12	15.8%	$730	$848	$752	$812
712	21270	75	0	0.0%	$725	$750	$831	$853
713	25445	75	15	20.0%	$993	$1,100	$1,152	$1,027
714	26449	75	8	10.7%	$848	$932	$879	$903
715	52320	75	18	24.0%	$813	$1,069	$940	$1,000
716	26597	74	1	1.4%	$755	$841	$826	$835
717	27355	74	7	9.5%	$808	$717	$868	$842
718	28505	74	5	6.8%	$800	$800	$909	$956
719	42806	74	31	41.9%	$529	$441	$612	$563

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
720	19020	73	15	20.5%	$575	$621	$652	$715
721	26442	73	9	12.3%	$750	$920	$872	$895
722	27405	73	0	0.0%	$1,530	$2,191	$1,687	$1,858
723	51010	73	20	27.4%	$500	$360	$610	$372
724	69636	73	5	6.8%	$1,482	$1,482	$1,559	$1,529
725	15625	72	2	2.8%	$780	$802	$746	$841
726	29835	72	6	8.3%	$1,445	$1,300	$1,491	$1,487
727	29887	72	6	8.3%	$1,535	$1,730	$1,615	$1,771
728	27610	71	3	4.2%	$750	$695	$860	$827
729	27619	71	2	2.8%	$749	$825	$836	$1,001
730	54100	71	8	11.3%	$525	$525	$571	$559
731	65235	71	37	52.1%	$526	$399	$643	$503
732	20240	70	23	32.9%	$616	$619	$616	$617
733	23066	70	27	38.6%	$784	$777	$773	$811
734	26230	70	6	8.6%	$698	$681	$756	$730
735	38505	70	8	11.4%	$610	$703	$671	$707
736	42000	70	2	2.9%	$316	$316	$519	$325
737	52250	70	19	27.1%	$656	$687	$727	$808
738	19357	69	2	2.9%	$1,000	$996	$1,258	$1,013
739	25800	69	14	20.3%	$1,189	$1,365	$1,272	$1,162
740	29886	69	2	2.9%	$1,354	$1,300	$1,417	$1,376
741	11402	68	25	36.8%	$350	$350	$350	$350
742	27704	68	1	1.5%	$825	$845	$908	$853
743	28304	68	7	10.3%	$750	$529	$745	$601
744	30801	68	4	5.9%	$459	$452	$490	$564
745	43246	68	41	60.3%	$550	$658	$590	$609
746	23180	67	5	7.5%	$895	$995	$1,023	$1,157
747	25248	67	4	6.0%	$695	$700	$782	$740
748	26110	67	14	20.9%	$672	$560	$652	$566
749	30905	67	3	4.5%	$401	$453	$519	$552
750	58800	67	0	0.0%	$460	$730	$636	$896
751	11403	66	1	1.5%	$292	$292	$292	$292
752	25040	66	1	1.5%	$966	$1,082	$955	$1,059
753	28525	66	7	10.6%	$826	$826	$870	$869
754	53000	66	12	18.2%	$500	$1,400	$606	$1,316
755	57400	66	9	13.6%	$550	$687	$543	$637
756	26665	65	3	4.6%	$900	$920	$987	$943
757	15630	64	34	53.1%	$691	$627	$758	$710
758	23450	64	0	0.0%	$1,325	$1,957	$1,405	$1,634
759	45910	64	35	54.7%	$450	$162	$551	$346
760	65175	64	32	50.0%	$549	$430	$663	$572
761	21455	63	0	0.0%	$924	$1,009	$918	$901
762	28225	63	15	23.8%	$520	$520	$685	$628
763	41110	63	8	12.7%	$498	$498	$510	$520
764	21390	62	6	9.7%	$1,029	$972	$1,097	$1,037

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	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
765	24130	62	6	9.7%	$903	$908	$1,003	$1,051
766	25130	62	8	12.9%	$740	$670	$774	$686
767	29825	62	3	4.8%	$1,620	$1,761	$1,576	$1,722
768	42808	62	12	19.4%	$533	$530	$628	$617
769	46258	62	11	17.7%	$750	$1,325	$808	$1,103
770	55110	62	6	9.7%	$760	$778	$737	$697
771	67320	62	7	11.3%	$751	$751	$871	$805
772	69633	62	15	24.2%	$1,233	$1,190	$1,396	$1,323
773	15740	61	40	65.6%	$825	$1,120	$791	$1,034
774	25628	61	1	1.6%	$1,023	$1,298	$1,212	$1,288
775	25810	61	3	4.9%	$1,593	$1,486	$1,626	$1,522
776	26130	61	6	9.8%	$850	$795	$867	$768
777	42815	61	2	3.3%	$760	$765	$935	$990
778	42870	61	5	8.2%	$823	$823	$917	$851
779	52336	61	3	4.9%	$1,206	$1,850	$1,219	$1,817
780	26455	60	14	23.3%	$800	$676	$915	$743
781	28760	60	12	20.0%	$900	$896	$1,051	$1,022
782	31512	60	20	33.3%	$759	$712	$918	$834
783	42106	60	7	11.7%	$609	$609	$623	$623
784	12020	59	11	18.6%	$450	$312	$575	$466
785	25290	59	3	5.1%	$763	$700	$939	$944
786	28140	59	16	27.1%	$772	$834	$786	$847
787	28322	59	9	15.3%	$798	$641	$899	$779
788	45100	59	14	23.7%	$695	$675	$746	$805
789	66710	59	32	54.2%	$1,000	$797	$1,028	$941
790	67210	59	37	62.7%	$1,300	$1,300	$1,300	$1,300
791	25023	58	2	3.4%	$700	$675	$887	$701
792	26235	58	11	19.0%	$708	$708	$771	$756
793	26236	58	2	3.4%	$695	$693	$693	$692
794	31270	58	5	8.6%	$840	$483	$983	$694
795	41105	58	25	43.1%	$500	$520	$547	$532
796	65800	58	40	69.0%	$373	$368	$418	$383
797	21282	57	28	49.1%	$988	$500	$952	$651
798	25066	57	14	24.6%	$703	$729	$787	$807
799	27814	57	5	8.8%	$1,248	$1,620	$1,377	$1,495
800	28264	57	22	38.6%	$508	$566	$655	$674
801	45334	57	42	73.7%	$450	$400	$465	$497
802	57020	57	3	5.3%	$723	$187	$635	$250
803	20005	56	11	19.6%	$650	$520	$639	$620
804	26060	56	11	19.6%	$609	$612	$631	$641
805	27700	56	1	1.8%	$1,205	$1,168	$1,430	$1,448
806	30124	56	16	28.6%	$553	$548	$669	$690
807	64836	56	0	0.0%	$1,050	$1,050	$1,108	$1,127
808	69310	56	11	19.6%	$747	$615	$831	$679
809	25505	55	5	9.1%	$686	$700	$772	$815

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
810	26485	55	11	20.0%	$810	$515	$836	$699
811	27766	55	2	3.6%	$997	$973	$1,208	$1,166
812	36535	55	12	21.8%	$571	$500	$604	$587
813	42880	55	7	12.7%	$660	$692	$651	$699
814	49575	55	3	5.5%	$900	$900	$1,022	$1,045
815	69643	54	4	7.4%	$1,506	$1,612	$1,601	$1,548
816	19110	53	7	13.2%	$782	$850	$832	$910
817	26490	53	9	17.0%	$1,053	$588	$1,108	$866
818	27334	53	0	0.0%	$1,755	$2,542	$1,568	$2,104
819	27437	53	3	5.7%	$1,035	$317	$868	$585
820	29844	53	0	0.0%	$1,450	$1,500	$1,517	$1,542
821	64787	53	4	7.5%	$670	$650	$757	$841
822	67975	53	32	60.4%	$500	$528	$616	$683
823	15755	52	10	19.2%	$672	$394	$664	$585
824	26037	52	21	40.4%	$1,050	$1,024	$1,167	$1,032
825	26500	52	6	11.5%	$745	$733	$903	$890
826	26862	52	9	17.3%	$1,066	$1,082	$1,125	$1,074
827	57130	52	5	9.6%	$700	$870	$774	$847
828	15620	51	22	43.1%	$842	$800	$881	$863
829	20220	51	9	17.6%	$560	$595	$617	$713
830	20225	51	30	58.8%	$550	$365	$564	$489
831	23101	51	11	21.6%	$1,050	$1,200	$1,192	$1,181
832	23550	51	5	9.8%	$1,600	$1,570	$1,631	$1,594
833	24000	51	4	7.8%	$1,000	$920	$1,118	$1,090
834	24147	51	4	7.8%	$905	$935	$982	$1,023
835	30560	51	0	0.0%	$550	$538	$621	$646
836	36491	51	10	19.6%	$804	$945	$889	$997
837	46262	51	4	7.8%	$750	$680	$929	$853
838	64784	51	6	11.8%	$900	$945	$911	$907
839	67830	51	37	72.5%	$453	$497	$517	$520
840	21210	50	5	10.0%	$750	$1,065	$1,065	$1,031
841	21240	50	0	0.0%	$1,273	$1,368	$1,384	$1,458
842	28005	50	16	32.0%	$781	$811	$877	$969
843	30120	50	10	20.0%	$661	$672	$836	$748
844	42408	50	2	4.0%	$641	$662	$715	$720
845	46050	50	3	6.0%	$645	$743	$692	$811
846	54001	50	18	36.0%	$550	$610	$546	$580
847	54510	50	4	8.0%	$676	$688	$714	$756
848	65093	50	19	38.0%	$648	$690	$795	$783
849	28645	49	21	42.9%	$935	$950	$1,078	$1,176
850	40814	49	15	30.6%	$548	$541	$696	$654
851	54450	49	1	2.0%	$498	$333	$553	$451
852	65101	49	23	46.9%	$854	$873	$884	$931
853	67318	49	3	6.1%	$693	$695	$827	$894
854	25515	48	3	6.3%	$963	$845	$1,156	$1,060

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
855	27301	48	10	20.8%	$754	$800	$816	$815
856	27350	48	1	2.1%	$1,030	$1,405	$1,205	$1,498
857	25330	47	1	2.1%	$1,365	$1,365	$1,540	$1,591
858	26460	47	7	14.9%	$600	$650	$625	$620
859	45905	47	4	8.5%	$638	$650	$639	$635
860	57500	47	0	0.0%	$188	$188	$188	$188
861	65103	47	24	51.1%	$851	$810	$862	$827
862	15732	46	26	56.5%	$575	$650	$736	$646
863	26706	46	2	4.3%	$773	$856	$830	$898
864	27047	46	10	21.7%	$581	$570	$726	$747
865	64890	46	2	4.3%	$1,055	$1,140	$987	$941
866	65805	46	38	82.6%	$418	$500	$478	$615
867	16015	45	4	8.9%	$791	$799	$755	$727
868	26605	45	2	4.4%	$675	$698	$738	$745
869	43215	45	9	20.0%	$451	$532	$560	$580
870	25390	44	1	2.3%	$1,050	$1,104	$1,198	$1,205
871	25575	44	1	2.3%	$1,149	$1,149	$1,326	$1,220
872	28072	44	6	13.6%	$736	$756	$839	$821
873	42804	44	8	18.2%	$540	$521	$588	$572
874	42860	44	3	6.8%	$589	$567	$663	$629
875	54700	44	9	20.5%	$631	$1,204	$686	$971
876	67109	44	33	75.0%	$897	$871	$931	$879
877	67973	44	29	65.9%	$848	$700	$1,121	$874
878	69140	44	7	15.9%	$845	$845	$938	$880
879	12034	43	9	20.9%	$585	$570	$663	$625
880	26420	43	6	14.0%	$920	$1,105	$947	$998
881	31530	43	8	18.6%	$686	$800	$781	$961
882	54830	43	5	11.6%	$667	$675	$718	$704
883	38550	42	4	9.5%	$695	$626	$816	$736
884	52338	42	4	9.5%	$788	$900	$807	$866
885	21385	41	1	2.4%	$853	$742	$1,090	$906
886	23466	41	0	0.0%	$1,350	$2,190	$1,484	$1,908
887	26560	41	1	2.4%	$728	$730	$880	$848
888	27403	41	2	4.9%	$1,891	$1,250	$2,012	$1,497
889	27422	41	0	0.0%	$1,662	$1,486	$1,949	$1,659
890	37735	41	5	12.2%	$984	$1,483	$1,379	$2,313
891	54660	41	0	0.0%	$829	$800	$839	$803
892	26215	40	2	5.0%	$912	$910	$1,065	$1,021
893	28086	40	5	12.5%	$798	$996	$747	$973
894	29838	40	1	2.5%	$1,760	$1,959	$1,993	$2,125
895	49590	40	10	25.0%	$1,000	$889	$1,091	$1,063
896	63780	40	1	2.5%	$770	$665	$871	$712
897	20926	39	0	0.0%	$650	$888	$768	$808
898	26390	39	4	10.3%	$969	$856	$987	$978
899	28313	39	3	7.7%	$840	$1,004	$856	$974

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
900	64623	39	6	15.4%	$1,565	$1,705	$1,129	$1,189
901	64726	39	6	15.4%	$831	$738	$872	$799
902	64856	39	2	5.1%	$1,006	$1,011	$1,064	$1,187
903	11462	38	1	2.6%	$640	$659	$736	$823
904	25280	38	9	23.7%	$713	$635	$811	$687
905	26437	38	3	7.9%	$973	$731	$938	$825
906	27680	38	1	2.6%	$819	$749	$845	$748
907	31576	38	8	21.1%	$945	$940	$930	$946
908	69450	38	5	13.2%	$623	$408	$648	$527
909	21338	37	0	0.0%	$866	$1,228	$1,090	$1,446
910	21501	37	3	8.1%	$650	$640	$722	$676
911	25215	37	4	10.8%	$1,365	$568	$1,503	$861
912	26541	37	0	0.0%	$1,117	$1,168	$1,267	$1,241
913	37780	37	5	13.5%	$876	$1,053	$990	$1,125
914	45305	37	7	18.9%	$350	$450	$417	$430
915	24102	36	6	16.7%	$856	$1,022	$929	$1,116
916	25020	36	2	5.6%	$836	$973	$1,047	$1,111
917	26180	36	6	16.7%	$790	$900	$782	$818
918	27323	36	3	8.3%	$637	$840	$793	$788
919	44380	36	10	27.8%	$392	$374	$351	$362
920	52317	36	18	50.0%	$796	$971	$828	$871
921	53665	36	10	27.8%	$498	$450	$570	$525
922	56000	36	8	22.2%	$647	$683	$717	$778
923	20245	35	16	45.7%	$697	$696	$743	$709
924	24352	35	3	8.6%	$825	$810	$920	$925
925	27612	35	2	5.7%	$1,020	$795	$1,232	$1,108
926	31531	35	5	14.3%	$813	$1,055	$898	$987
927	36262	35	5	14.3%	$611	$549	$610	$605
928	69667	35	2	5.7%	$1,175	$1,035	$1,159	$1,248
929	11470	34	1	2.9%	$691	$732	$719	$721
930	25120	34	4	11.8%	$800	$962	$897	$912
931	26852	34	0	0.0%	$1,008	$1,100	$1,021	$1,107
932	28116	34	0	0.0%	$955	$950	$1,187	$1,170
933	56100	34	5	14.7%	$666	$574	$704	$655
934	58982	34	0	0.0%	$864	$864	$864	$864
935	64772	34	4	11.8%	$530	$466	$660	$500
936	65130	34	16	47.1%	$792	$820	$952	$911
937	67255	34	24	70.6%	$696	$670	$804	$741
938	67974	34	21	61.8%	$823	$1,046	$1,059	$1,245
939	12037	33	7	21.2%	$719	$562	$779	$606
940	23412	33	1	3.0%	$1,023	$1,615	$1,404	$1,376
941	24510	33	1	3.0%	$1,380	$1,380	$1,380	$1,380
942	26650	33	2	6.1%	$997	$1,096	$1,118	$1,214
943	27603	33	4	12.1%	$600	$595	$794	$727
944	27614	33	2	6.1%	$600	$600	$788	$763

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945	28236	33	2	6.1%	$864	$864	$1,085	$1,201
946	28297	33	3	9.1%	$1,041	$1,380	$1,238	$1,448
947	32000	33	18	54.5%	$291	$150	$356	$235
948	40650	33	3	9.1%	$852	$1,050	$850	$1,033
949	42335	33	13	39.4%	$700	$725	$725	$728
950	44389	33	18	54.5%	$480	$665	$603	$842
951	66130	33	18	54.5%	$824	$790	$870	$809
952	21050	32	12	37.5%	$613	$900	$638	$795
953	24065	32	0	0.0%	$540	$545	$863	$812
954	24301	32	3	9.4%	$697	$1,052	$788	$979
955	26035	32	4	12.5%	$799	$703	$840	$793
956	26591	32	1	3.1%	$917	$640	$969	$736
957	26820	32	4	12.5%	$963	$1,012	$929	$959
958	40525	32	13	40.6%	$970	$912	$947	$905
959	44392	32	18	56.3%	$575	$675	$568	$606
960	45560	32	19	59.4%	$877	$1,500	$1,085	$1,325
961	49420	32	24	75.0%	$360	$306	$514	$405
962	55720	32	20	62.5%	$760	$825	$693	$808
963	68360	32	18	56.3%	$510	$429	$569	$492
964	21920	31	2	6.5%	$642	$642	$630	$652
965	23430	31	1	3.2%	$1,042	$1,365	$1,256	$1,564
966	24665	31	3	9.7%	$900	$921	$1,063	$1,003
967	25274	31	6	19.4%	$873	$1,100	$905	$1,042
968	26497	31	3	9.7%	$980	$1,053	$987	$1,032
969	46610	31	4	12.9%	$556	$523	$580	$563
970	57300	31	0	0.0%	$750	$750	$812	$804
971	58983	31	0	0.0%	$1,719	$1,719	$1,719	$1,719
972	69604	31	0	0.0%	$1,160	$1,479	$1,355	$1,345
973	69661	31	5	16.1%	$900	$1,021	$1,062	$1,314
974	21280	30	17	56.7%	$700	$568	$1,140	$808
975	28730	30	2	6.7%	$1,023	$808	$1,091	$946
976	54105	30	13	43.3%	$450	$339	$478	$458
977	67560	30	11	36.7%	$650	$619	$821	$811
978	12006	29	9	31.0%	$542	$450	$528	$473
979	15738	29	4	13.8%	$976	$281	$1,026	$574
980	21355	29	0	0.0%	$744	$835	$705	$766
981	26502	29	4	13.8%	$970	$507	$1,223	$837
982	27048	29	10	34.5%	$783	$700	$860	$818
983	28465	29	2	6.9%	$853	$950	$1,080	$1,135
984	29845	29	1	3.4%	$1,685	$2,055	$1,711	$1,805
985	31258	29	0	0.0%	$701	$752	$771	$748
986	45005	29	3	10.3%	$613	$613	$599	$601
987	60220	29	1	3.4%	$950	$1,817	$1,102	$1,358
988	65270	29	4	13.8%	$756	$712	$770	$851
989	67218	29	11	37.9%	$2,793	$2,793	$2,793	$2,793

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990	15101	28	7	25.0%	$669	$550	$721	$641
991	21451	28	0	0.0%	$848	$847	$1,138	$1,094
992	23100	28	1	3.6%	$1,102	$1,403	$1,102	$1,381
993	24340	28	0	0.0%	$900	$896	$972	$971
994	25135	28	0	0.0%	$1,274	$856	$1,570	$1,123
995	25150	28	3	10.7%	$810	$795	$854	$854
996	26715	28	1	3.6%	$1,091	$867	$1,060	$1,016
997	27675	28	2	7.1%	$850	$1,002	$1,035	$1,059
998	28070	28	2	7.1%	$954	$1,066	$1,039	$1,201
999	28107	28	9	32.1%	$713	$775	$833	$847
1000	29885	28	0	0.0%	$1,448	$1,448	$1,468	$1,361
1001	42420	28	2	7.1%	$1,369	$1,625	$1,690	$2,028
1002	45310	28	5	17.9%	$665	$659	$620	$609
1003	52007	28	10	35.7%	$763	$815	$756	$763
1004	52010	28	13	46.4%	$630	$630	$635	$597
1005	53260	28	5	17.9%	$820	$879	$816	$1,063
1006	65275	28	5	17.9%	$735	$709	$919	$833
1007	67112	28	13	46.4%	$1,012	$1,014	$953	$1,004
1008	67415	28	5	17.9%	$720	$375	$751	$732
1009	67550	28	6	21.4%	$897	$897	$1,082	$1,136
1010	21025	27	1	3.7%	$825	$1,048	$935	$1,133
1011	21245	27	3	11.1%	$1,145	$1,030	$1,207	$1,058
1012	25065	27	3	11.1%	$544	$545	$536	$570
1013	26020	27	5	18.5%	$568	$480	$662	$596
1014	26561	27	2	7.4%	$1,098	$1,050	$1,246	$1,235
1015	27330	27	0	0.0%	$886	$856	$927	$896
1016	28173	27	4	14.8%	$723	$845	$1,062	$1,138
1017	41113	27	5	18.5%	$699	$700	$727	$723
1018	56800	27	1	3.7%	$669	$712	$674	$714
1019	64835	27	1	3.7%	$862	$865	$841	$864
1020	65410	27	12	44.4%	$428	$379	$548	$518
1021	68325	27	13	48.1%	$800	$785	$1,018	$878
1022	24066	26	2	7.7%	$675	$675	$793	$783
1023	25400	26	1	3.8%	$872	$870	$986	$889
1024	26516	26	2	7.7%	$743	$740	$853	$813
1025	26676	26	1	3.8%	$875	$888	$829	$815
1026	26861	26	10	38.5%	$900	$900	$978	$1,151
1027	27524	26	2	7.7%	$1,075	$1,212	$1,238	$1,393
1028	31205	26	3	11.5%	$900	$1,138	$1,021	$1,175
1029	31578	26	3	11.5%	$711	$776	$729	$747
1030	31659	26	7	26.9%	$608	$608	$510	$607
1031	38305	26	6	23.1%	$535	$550	$513	$532
1032	45020	26	1	3.8%	$800	$1,182	$881	$932
1033	46045	26	3	11.5%	$952	$1,110	$1,285	$1,306
1034	46750	26	3	11.5%	$816	$750	$796	$773

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1035	49301	26	2	7.7%	$499	$171	$485	$381
1036	57000	26	0	0.0%	$581	$1,234	$764	$1,004
1037	69502	26	1	3.8%	$1,129	$881	$1,121	$1,096
1038	12035	25	3	12.0%	$570	$550	$612	$582
1039	23044	25	1	4.0%	$1,020	$1,094	$1,114	$1,140
1040	24585	25	1	4.0%	$937	$1,075	$1,074	$1,153
1041	25645	25	0	0.0%	$769	$1,344	$929	$1,112
1042	29837	25	0	0.0%	$1,354	$1,560	$1,475	$1,564
1043	41120	25	15	60.0%	$670	$690	$861	$910
1044	43262	25	2	8.0%	$700	$680	$700	$692
1045	57451	25	1	4.0%	$711	$550	$675	$559
1046	65091	25	14	56.0%	$800	$810	$990	$1,007
1047	69505	25	4	16.0%	$1,382	$1,496	$1,490	$1,503
1048	69637	25	1	4.0%	$1,581	$1,524	$1,600	$1,583
1049	15241	24	9	37.5%	$545	$1,392	$654	$1,041
1050	23065	24	0	0.0%	$483	$472	$536	$520
1051	24110	24	2	8.3%	$900	$900	$918	$877
1052	25670	24	2	8.3%	$803	$403	$1,255	$715
1053	26392	24	2	8.3%	$1,100	$1,177	$1,199	$1,209
1054	26785	24	2	8.3%	$815	$815	$942	$941
1055	27606	24	2	8.3%	$690	$804	$722	$753
1056	27625	24	0	0.0%	$975	$963	$1,061	$1,039
1057	27707	24	0	0.0%	$1,245	$1,899	$1,347	$1,770
1058	28737	24	2	8.3%	$1,155	$1,223	$1,412	$1,475
1059	29847	24	1	4.2%	$1,189	$1,100	$1,341	$1,197
1060	30118	24	54	225.0%	$706	$678	$759	$800
1061	49081	24	12	50.0%	$400	$400	$615	$653
1062	53230	24	0	0.0%	$795	$795	$853	$908
1063	69666	24	2	8.3%	$800	$1,312	$912	$1,114
1064	24201	23	1	4.3%	$617	$633	$808	$783
1065	25107	23	3	13.0%	$1,023	$1,000	$1,066	$1,012
1066	25119	23	2	8.7%	$974	$629	$983	$829
1067	26105	23	6	26.1%	$720	$985	$828	$875
1068	26776	23	0	0.0%	$984	$900	$983	$990
1069	40806	23	0	0.0%	$545	$553	$501	$559
1070	49421	23	11	47.8%	$525	$850	$624	$695
1071	54600	23	0	0.0%	$797	$797	$823	$823
1072	55250	23	0	0.0%	$504	$550	$504	$542
1073	65265	23	8	34.8%	$670	$1,200	$923	$1,640
1074	65290	23	8	34.8%	$519	$538	$610	$612
1075	15824	22	2	9.1%	$800	$800	$800	$800
1076	21925	22	3	13.6%	$770	$793	$893	$938
1077	24685	22	4	18.2%	$925	$975	$1,027	$1,072
1078	26034	22	4	18.2%	$655	$655	$788	$769
1079	26477	22	3	13.6%	$870	$1,058	$791	$874

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
Medicare ASC Payment Rate Survey - 1992
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1080	26685	22	5	22.7%	$870	$740	$926	$798
1081	28175	22	3	13.6%	$768	$649	$710	$666
1082	28415	22	2	9.1%	$1,225	$1,198	$1,555	$1,487
1083	40820	22	1	4.5%	$515	$462	$642	$592
1084	46030	22	0	0.0%	$574	$450	$706	$550
1085	52640	22	12	54.5%	$625	$426	$725	$619
1086	57240	22	1	4.5%	$735	$735	$728	$744
1087	64430	22	5	22.7%	$355	$484	$473	$738
1088	69511	22	6	27.3%	$1,263	$1,263	$1,293	$1,233
1089	69644	22	4	18.2%	$1,550	$2,223	$1,926	$2,035
1090	12036	21	10	47.6%	$600	$642	$656	$753
1091	20902	21	1	4.8%	$1,193	$1,300	$1,192	$1,403
1092	24145	21	1	4.8%	$750	$600	$852	$776
1093	24310	21	0	0.0%	$802	$950	$887	$916
1094	26170	21	2	9.5%	$707	$824	$760	$813
1095	26508	21	3	14.3%	$725	$1,000	$944	$1,059
1096	27380	21	0	0.0%	$950	$1,025	$1,065	$1,076
1097	42960	21	0	0.0%	$570	$570	$583	$554
1098	43268	21	5	23.8%	$961	$722	$961	$745
1099	45500	21	4	19.0%	$487	$341	$769	$457
1100	55120	21	4	19.0%	$658	$637	$719	$681
1101	55540	21	2	9.5%	$970	$970	$1,001	$1,005
1102	57210	21	2	9.5%	$624	$625	$676	$680
1103	63685	21	8	38.1%	$796	$4,091	$1,147	$2,705
1104	67121	21	17	81.0%	$450	$388	$479	$438
1105	11471	20	4	20.0%	$682	$773	$660	$711
1106	24342	20	0	0.0%	$1,123	$1,123	$1,280	$1,426
1107	26730	20	0	0.0%	$723	$825	$847	$861
1108	28046	20	6	30.0%	$639	$639	$704	$647
1109	28226	20	7	35.0%	$330	$330	$579	$510
1110	38555	20	8	40.0%	$759	$846	$904	$903
1111	42830	20	0	0.0%	$249	$249	$249	$249
1112	64857	20	2	10.0%	$964	$1,120	$1,023	$1,075
1113	64872	20	0	0.0%	$795	$806	$759	$774
1114	65155	20	5	25.0%	$800	$686	$802	$765
1115	68330	20	11	55.0%	$650	$625	$642	$626
1116	68520	20	10	50.0%	$800	$891	$847	$895
1117	15600	19	0	0.0%	$779	$803	$742	$776
1118	19112	19	1	5.3%	$831	$850	$842	$846
1119	23515	19	0	0.0%	$854	$813	$1,092	$1,002
1120	25085	19	0	0.0%	$900	$856	$876	$803
1121	25350	19	0	0.0%	$1,145	$1,365	$1,394	$1,377
1122	25545	19	0	0.0%	$985	$924	$1,192	$1,095
1123	27613	19	2	10.5%	$580	$580	$724	$732
1124	27822	19	0	0.0%	$1,164	$1,330	$1,151	$1,346

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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1125	28050	19	5	26.3%	$696	$672	$870	$803
1126	30150	19	162	852.6%	$619	$619	$862	$742
1127	30540	19	820	4315.8%	$607	$691	$1,212	$617
1128	31051	19	3	15.8%	$611	$611	$784	$750
1129	31571	19	6	31.6%	$841	$965	$818	$860
1130	38542	19	4	21.1%	$821	$825	$832	$871
1131	49540	19	1	5.3%	$630	$665	$694	$663
1132	54861	19	2	10.5%	$960	$850	$933	$882
1133	55200	19	0	0.0%	$625	$1,840	$993	$1,447
1134	63650	19	8	42.1%	$1,150	$2,994	$1,705	$2,684
1135	64600	19	10	52.6%	$446	$971	$621	$947
1136	66852	19	9	47.4%	$1,030	$760	$1,079	$917
1137	20924	18	0	0.0%	$850	$1,283	$788	$1,000
1138	20962	18	5	27.8%	$534	$110	$569	$261
1139	24140	18	2	11.1%	$903	$856	$1,143	$1,064
1140	25028	18	3	16.7%	$545	$494	$909	$858
1141	25312	18	6	33.3%	$911	$911	$874	$866
1142	26100	18	1	5.6%	$878	$913	$769	$805
1143	27041	18	3	16.7%	$613	$371	$697	$499
1144	27762	18	0	0.0%	$946	$946	$897	$888
1145	31613	18	11	61.1%	$667	$722	$711	$742
1146	41114	18	12	66.7%	$660	$818	$769	$806
1147	41800	18	0	0.0%	$550	$550	$787	$803
1148	43228	18	3	16.7%	$1,027	$1,100	$796	$1,045
1149	44340	18	11	61.1%	$593	$497	$606	$533
1150	50690	18	12	66.7%	$286	$366	$285	$330
1151	52315	18	6	33.3%	$658	$658	$672	$630
1152	60200	18	2	11.1%	$909	$909	$987	$977
1153	64410	18	6	33.3%	$368	$531	$366	$458
1154	68510	18	4	22.2%	$675	$600	$720	$659
1155	12054	17	4	23.5%	$709	$767	$744	$786
1156	21485	17	1	5.9%	$475	$1,791	$872	$1,629
1157	25360	17	0	0.0%	$900	$1,365	$959	$1,170
1158	26117	17	1	5.9%	$702	$650	$752	$705
1159	26352	17	1	5.9%	$1,050	$1,050	$1,154	$1,154
1160	26504	17	0	0.0%	$1,365	$1,794	$1,460	$1,687
1161	27687	17	0	0.0%	$1,381	$1,425	$1,459	$1,303
1162	28088	17	1	5.9%	$722	$670	$721	$654
1163	28496	17	2	11.8%	$877	$1,170	$964	$1,019
1164	30125	17	1	5.9%	$729	$691	$649	$671
1165	42120	17	4	23.5%	$915	$1,000	$1,003	$1,018
1166	43219	17	7	41.2%	$325	$260	$429	$373
1167	43750	17	9	52.9%	$462	$175	$526	$396
1168	53200	17	3	17.6%	$530	$384	$587	$538
1169	67413	17	2	11.8%	$725	$750	$849	$842

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1170	69150	17	7	41.2%	$950	$950	$934	$922
1171	14350	16	1	6.3%	$765	$1,210	$851	$1,047
1172	23000	16	0	0.0%	$930	$577	$1,143	$938
1173	23030	16	4	25.0%	$768	$740	$955	$905
1174	25331	16	1	6.3%	$1,765	$1,765	$1,804	$1,651
1175	26705	16	3	18.8%	$697	$696	$623	$635
1176	27080	16	2	12.5%	$750	$750	$829	$821
1177	27430	16	1	6.3%	$1,250	$1,565	$1,321	$1,481
1178	27641	16	3	18.8%	$814	$814	$908	$902
1179	27691	16	5	31.3%	$1,050	$1,150	$1,129	$1,137
1180	27758	16	0	0.0%	$1,908	$2,200	$1,908	$2,163
1181	28102	16	3	18.8%	$1,429	$1,800	$1,456	$1,671
1182	30580	16	3	18.8%	$834	$834	$659	$963
1183	31570	16	7	43.8%	$757	$785	$779	$825
1184	40527	16	5	31.3%	$832	$920	$848	$951
1185	40530	16	3	18.8%	$880	$980	$880	$945
1186	41250	16	0	0.0%	$694	$725	$698	$708
1187	42409	16	1	6.3%	$637	$629	$755	$746
1188	42950	16	2	12.5%	$920	$406	$1,071	$671
1189	46608	16	2	12.5%	$550	$870	$494	$729
1190	49180	16	3	18.8%	$729	$724	$850	$810
1191	67228	16	11	68.8%	$1,300	$1,300	$1,300	$1,300
1192	69646	16	0	0.0%	$1,500	$1,609	$1,572	$1,778
1193	12005	15	4	26.7%	$897	$395	$913	$709
1194	15221	15	5	33.3%	$435	$400	$531	$507
1195	19316	15	0	0.0%	$847	$847	$847	$847
1196	21386	15	0	0.0%	$797	$800	$823	$879
1197	21462	15	0	0.0%	$935	$788	$1,037	$823
1198	26428	15	2	13.3%	$1,295	$1,144	$1,377	$1,251
1199	26542	15	1	6.7%	$1,157	$1,063	$1,221	$1,178
1200	26555	15	6	40.0%	$1,033	$975	$1,072	$1,027
1201	26610	15	1	6.7%	$1,033	$1,033	$997	$1,069
1202	27420	15	0	0.0%	$1,484	$1,366	$1,386	$1,481
1203	27607	15	1	6.7%	$744	$744	$956	$1,042
1204	27656	15	2	13.3%	$813	$800	$832	$819
1205	31629	15	2	13.3%	$520	$820	$663	$768
1206	38530	15	8	53.3%	$865	$1,000	$914	$897
1207	40818	15	12	80.0%	$627	$500	$740	$732
1208	42450	15	2	13.3%	$721	$719	$779	$773
1209	45180	15	8	53.3%	$600	$600	$605	$596
1210	45379	15	8	53.3%	$524	$665	$640	$702
1211	50200	15	3	20.0%	$525	$525	$525	$525
1212	57200	15	0	0.0%	$480	$480	$647	$632
1213	66505	15	12	80.0%	$443	$400	$405	$357
1214	68335	15	4	26.7%	$877	$730	$900	$710

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1215	69645	15	1	6.7%	$1,424	$1,405	$1,421	$1,452
1216	12044	14	3	21.4%	$485	$575	$515	$598
1217	21206	14	0	0.0%	$963	$963	$1,299	$1,299
1218	21470	14	0	0.0%	$1,074	$1,133	$1,071	$1,091
1219	23020	14	1	7.1%	$722	$722	$733	$701
1220	23930	14	7	50.0%	$575	$528	$541	$527
1221	25100	14	1	7.1%	$743	$743	$795	$790
1222	25405	14	1	7.1%	$1,100	$1,100	$1,224	$1,162
1223	25442	14	2	14.3%	$1,050	$865	$1,109	$1,019
1224	26357	14	0	0.0%	$750	$795	$757	$773
1225	27654	14	2	14.3%	$910	$910	$1,134	$1,208
1226	27664	14	4	28.6%	$900	$647	$782	$657
1227	28320	14	1	7.1%	$950	$969	$1,138	$1,206
1228	53400	14	1	7.1%	$775	$716	$904	$839
1229	64530	14	4	28.6%	$307	$328	$297	$342
1230	69320	14	0	0.0%	$952	$945	$1,063	$1,015
1231	11451	13	1	7.7%	$684	$684	$675	$658
1232	15734	13	1	7.7%	$906	$1,196	$989	$1,085
1233	19364	13	0	0.0%	$1,030	$869	$1,208	$1,064
1234	21246	13	0	0.0%	$946	$450	$916	$716
1235	23107	13	0	0.0%	$2,093	$1,935	$1,880	$1,694
1236	26744	13	0	0.0%	$1,096	$1,050	$1,180	$1,173
1237	26842	13	2	15.4%	$1,091	$1,091	$1,353	$1,296
1238	27062	13	1	7.7%	$900	$900	$944	$966
1239	28715	13	2	15.4%	$1,216	$1,216	$1,495	$1,397
1240	30600	13	3	23.1%	$727	$650	$963	$824
1241	31614	13	9	69.2%	$658	$635	$616	$580
1242	42500	13	1	7.7%	$850	$850	$970	$894
1243	42700	13	0	0.0%	$550	$550	$590	$590
1244	43241	13	5	38.5%	$636	$607	$651	$695
1245	44312	13	1	7.7%	$1,630	$495	$1,282	$677
1246	45108	13	3	23.1%	$742	$764	$745	$878
1247	49555	13	4	30.8%	$838	$838	$843	$859
1248	52283	13	4	30.8%	$565	$580	$504	$514
1249	62280	13	8	61.5%	$353	$575	$391	$518
1250	65272	13	4	30.8%	$415	$500	$454	$485
1251	69662	13	3	23.1%	$911	$839	$1,085	$1,074
1252	12056	12	9	75.0%	$525	$356	$621	$467
1253	15791	12	0	0.0%	$525	$525	$525	$525
1254	15840	12	2	16.7%	$900	$900	$1,200	$1,141
1255	15931	12	5	41.7%	$769	$640	$769	$716
1256	21034	12	9	75.0%	$721	$573	$918	$716
1257	21230	12	2	16.7%	$758	$758	$990	$1,002
1258	23150	12	1	8.3%	$1,037	$1,156	$970	$1,093
1259	24575	12	1	8.3%	$1,135	$1,054	$1,077	$1,068

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
Medicare ASC Payment Rate Survey - 1992
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(**Volume totals are different because outlier charge data were trimmed.)

CPT Code		Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1260	26434	12	1	8.3%	$921	$795	$963	$854
1261	26483	12	0	0.0%	$1,107	$1,107	$1,109	$1,109
1262	26844	12	4	33.3%	$861	$861	$904	$877
1263	27418	12	0	0.0%	$1,268	$1,599	$1,391	$1,514
1264	27615	12	0	0.0%	$721	$405	$778	$592
1265	27696	12	0	0.0%	$998	$998	$1,288	$1,226
1266	27802	12	0	0.0%	$775	$800	$798	$821
1267	27860	12	0	0.0%	$625	$658	$891	$874
1268	28302	12	2	16.7%	$603	$555	$563	$560
1269	28309	12	0	0.0%	$1,064	$1,028	$1,095	$1,084
1270	28615	12	4	33.3%	$990	$998	$959	$1,002
1271	42405	12	4	33.3%	$690	$685	$689	$666
1272	43227	12	4	33.3%	$556	$556	$746	$592
1273	49085	12	2	16.7%	$770	$760	$751	$751
1274	54360	12	1	8.3%	$813	$804	$967	$943
1275	64716	12	0	0.0%	$874	$698	$850	$819
1276	67800	12	3	25.0%	$225	$225	$225	$225
1277	15610	11	4	36.4%	$708	$725	$896	$937
1278	21248	11	0	0.0%	$864	$1,150	$1,011	$1,118
1279	24354	11	1	9.1%	$959	$850	$1,052	$1,010
1280	25272	11	3	27.3%	$830	$585	$902	$798
1281	25443	11	0	0.0%	$1,050	$1,045	$1,024	$965
1282	25535	11	0	0.0%	$600	$600	$794	$794
1283	26250	11	1	9.1%	$997	$994	$1,018	$986
1284	26742	11	2	18.2%	$936	$950	$888	$894
1285	26990	11	3	27.3%	$743	$799	$733	$736
1286	27333	11	1	9.1%	$1,207	$380	$1,229	$843
1287	27428	11	0	0.0%	$2,545	$4,774	$2,545	$4,369
1288	27652	11	6	54.5%	$1,408	$1,486	$1,535	$1,543
1289	28222	11	4	36.4%	$992	$992	$810	$773
1290	28305	11	0	0.0%	$1,350	$1,500	$1,440	$1,504
1291	28445	11	0	0.0%	$994	$994	$1,152	$1,262
1292	31645	11	9	81.8%	$500	$462	$525	$470
1293	38300	11	0	0.0%	$395	$577	$531	$572
1294	40654	11	2	18.2%	$1,075	$650	$1,065	$876
1295	40816	11	8	72.7%	$638	$638	$736	$736
1296	41827	11	6	54.5%	$748	$748	$792	$792
1297	42962	11	0	0.0%	$560	$500	$587	$531
1298	54620	11	0	0.0%	$843	$900	$786	$804
1299	64790	11	1	9.1%	$734	$717	$850	$829
1300	65900	11	3	27.3%	$765	$765	$958	$1,008
1301	66165	11	11	100.0%	$646	$646	$646	$646
1302	69601	11	3	27.3%	$1,037	$931	$1,224	$1,173
1303	21026	10	0	0.0%	$754	$754	$1,005	$1,004
1304	21044	10	4	40.0%	$525	$490	$784	$751

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1305	24515	10	3	30.0%	$1,145	$1,445	$1,381	$1,425
1306	25151	10	0	0.0%	$597	$597	$691	$697
1307	25300	10	1	10.0%	$736	$720	$925	$829
1308	26476	10	1	10.0%	$782	$782	$835	$830
1309	26660	10	0	0.0%	$803	$803	$743	$743
1310	27435	10	0	0.0%	$1,081	$1,762	$1,144	$1,396
1311	27442	10	0	0.0%	$1,045	$1,045	$1,129	$1,091
1312	27626	10	0	0.0%	$936	$1,002	$1,255	$1,315
1313	28405	10	1	10.0%	$600	$840	$553	$647
1314	29836	10	0	0.0%	$1,888	$1,888	$1,712	$1,747
1315	36830	10	2	20.0%	$1,377	$1,350	$1,298	$1,340
1316	41805	10	0	0.0%	$617	$709	$685	$769
1317	52325	10	2	20.0%	$810	$958	$971	$1,232
1318	54440	10	9	90.0%	$673	$506	$713	$643
1319	54901	10	0	0.0%	$2,100	$1,634	$1,909	$1,761
1320	55175	10	1	10.0%	$618	$618	$603	$608
1321	57260	10	2	20.0%	$763	$763	$947	$1,112
1322	67906	10	4	40.0%	$748	$748	$800	$811
1323	68328	10	4	40.0%	$800	$785	$884	$854
1324	68540	10	4	40.0%	$700	$675	$804	$679
1325	15572	9	7	77.8%	$728	$650	$729	$676
1326	15650	9	3	33.3%	$663	$663	$747	$766
1327	20206	9	1	11.1%	$544	$544	$616	$568
1328	21060	9	0	0.0%	$1,273	$1,375	$1,442	$1,405
1329	21244	9	0	0.0%	$894	$894	$1,592	$2,129
1330	21406	9	0	0.0%	$1,077	$1,194	$1,159	$1,163
1331	23182	9	0	0.0%	$1,016	$856	$1,031	$989
1332	23480	9	0	0.0%	$1,125	$1,230	$978	$1,112
1333	24160	9	4	44.4%	$877	$801	$756	$730
1334	24579	9	0	0.0%	$975	$975	$1,145	$1,129
1335	25250	9	0	0.0%	$916	$941	$911	$961
1336	25680	9	1	11.1%	$650	$595	$753	$689
1337	25820	9	1	11.1%	$1,140	$1,365	$1,259	$1,294
1338	26474	9	1	11.1%	$657	$713	$810	$799
1339	26568	9	0	0.0%	$920	$920	$1,098	$1,149
1340	26585	9	1	11.1%	$815	$1,000	$684	$859
1341	27040	9	1	11.1%	$650	$624	$737	$724
1342	27409	9	0	0.0%	$1,833	$1,850	$1,722	$1,748
1343	27764	9	1	11.1%	$850	$825	$1,108	$1,020
1344	27823	9	0	0.0%	$788	$826	$975	$1,146
1345	28171	9	5	55.6%	$490	$994	$655	$767
1346	28476	9	0	0.0%	$910	$910	$1,031	$1,031
1347	31300	9	2	22.2%	$679	$679	$635	$588
1348	31820	9	5	55.6%	$685	$765	$753	$845
1349	50392	9	5	55.6%	$500	$500	$448	$444

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1350	52318	9	4	44.4%	$900	$1,102	$937	$992
1351	67835	9	6	66.7%	$405	$405	$574	$563
1352	69806	9	0	0.0%	$1,375	$1,650	$1,396	$1,537
1353	12055	8	2	25.0%	$942	$942	$936	$923
1354	21935	8	4	50.0%	$598	$590	$621	$617
1355	23190	8	0	0.0%	$1,520	$1,458	$1,693	$1,634
1356	23660	8	0	0.0%	$1,478	$1,880	$1,483	$1,641
1357	24360	8	1	12.5%	$1,050	$1,000	$1,474	$1,343
1358	24605	8	1	12.5%	$650	$532	$554	$521
1359	25077	8	1	12.5%	$700	$745	$775	$786
1360	26025	8	1	12.5%	$700	$822	$790	$809
1361	26261	8	0	0.0%	$1,200	$948	$1,277	$1,056
1362	26450	8	3	37.5%	$780	$865	$817	$834
1363	26645	8	0	0.0%	$700	$700	$767	$767
1364	27001	8	0	0.0%	$1,200	$1,200	$1,200	$1,200
1365	27086	8	0	0.0%	$550	$617	$541	$558
1366	27275	8	2	25.0%	$737	$448	$886	$612
1367	27305	8	0	0.0%	$755	$755	$864	$823
1368	27385	8	1	12.5%	$800	$800	$882	$882
1369	27395	8	0	0.0%	$1,400	$1,400	$1,400	$1,400
1370	27659	8	2	25.0%	$950	$1,100	$1,062	$1,147
1371	27676	8	0	0.0%	$1,073	$1,073	$970	$970
1372	28262	8	1	12.5%	$1,010	$1,010	$1,030	$1,092
1373	28675	8	2	25.0%	$805	$805	$799	$799
1374	31250	8	0	0.0%	$1,027	$1,027	$1,027	$1,027
1375	31513	8	2	25.0%	$987	$1,000	$1,156	$1,117
1376	31600	8	5	62.5%	$740	$833	$749	$771
1377	36532	8	0	0.0%	$578	$580	$564	$602
1378	38700	8	2	25.0%	$1,064	$1,064	$949	$949
1379	49552	8	0	0.0%	$1,008	$1,009	$991	$1,019
1380	50398	8	2	25.0%	$303	$303	$324	$321
1381	54110	8	3	37.5%	$490	$490	$588	$576
1382	54820	8	0	0.0%	$1,039	$887	$1,124	$1,043
1383	54900	8	0	0.0%	$1,686	$1,686	$1,731	$1,745
1384	62230	8	0	0.0%	$850	$501	$799	$650
1385	63660	8	2	25.0%	$722	$785	$778	$857
1386	64778	8	3	37.5%	$600	$600	$760	$760
1387	66225	8	6	75.0%	$621	$551	$645	$596
1388	66700	8	7	87.5%	$850	$505	$736	$592
1389	67250	8	4	50.0%	$703	$600	$662	$602
1390	20922	7	0	0.0%	$319	$160	$826	$708
1391	21209	7	0	0.0%	$820	$820	$792	$792
1392	21600	7	2	28.6%	$710	$650	$690	$658
1393	23331	7	3	42.9%	$600	$625	$674	$667
1394	23525	7	0	0.0%	$350	$350	$851	$565

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1395	24077	7	3	42.9%	$690	$635	$880	$840
1396	24365	7	1	14.3%	$1,320	$1,550	$1,824	$1,879
1397	24538	7	1	14.3%	$1,081	$1,798	$1,193	$1,539
1398	25675	7	0	0.0%	$625	$619	$637	$607
1399	26358	7	0	0.0%	$1,014	$1,177	$1,071	$1,086
1400	26372	7	0	0.0%	$714	$714	$733	$733
1401	26412	7	0	0.0%	$888	$980	$856	$929
1402	26686	7	0	0.0%	$608	$423	$722	$587
1403	27087	7	4	57.1%	$511	$591	$621	$621
1404	27303	7	0	0.0%	$1,250	$1,250	$1,333	$1,286
1405	27784	7	0	0.0%	$901	$752	$946	$912
1406	27788	7	0	0.0%	$695	$695	$789	$789
1407	27804	7	2	28.6%	$857	$946	$987	$970
1408	28555	7	2	28.6%	$783	$730	$831	$762
1409	30906	7	0	0.0%	$475	$475	$687	$545
1410	31611	7	1	14.3%	$821	$542	$702	$602
1411	40652	7	0	0.0%	$401	$401	$741	$741
1412	40805	7	1	14.3%	$593	$664	$601	$619
1413	42200	7	1	14.3%	$1,142	$1,300	$1,092	$1,136
1414	42305	7	3	42.9%	$598	$535	$812	$729
1415	43264	7	2	28.6%	$658	$580	$813	$680
1416	45915	7	2	28.6%	$380	$380	$667	$667
1417	51045	7	2	28.6%	$763	$800	$843	$872
1418	52305	7	4	57.1%	$696	$680	$1,036	$877
1419	53275	7	7	100.0%	$640	$640	$744	$744
1420	53520	7	0	0.0%	$1,100	$1,100	$1,043	$1,043
1421	63688	7	0	0.0%	$850	$525	$675	$632
1422	64630	7	0	0.0%	$300	$300	$300	$300
1423	64744	7	3	42.9%	$650	$650	$647	$647
1424	65880	7	5	71.4%	$605	$605	$540	$540
1425	67039	7	5	71.4%	$1,598	$1,945	$2,080	$2,060
1426	67450	7	2	28.6%	$1,000	$1,050	$1,321	$1,944
1427	69650	7	0	0.0%	$642	$647	$797	$776
1428	12018	6	0	0.0%	$849	$849	$849	$849
1429	15570	6	4	66.7%	$525	$650	$525	$608
1430	21100	6	1	16.7%	$768	$533	$803	$660
1431	21450	6	0	0.0%	$550	$716	$728	$798
1432	23465	6	0	0.0%	$2,175	$1,805	$2,032	$1,932
1433	23931	6	1	16.7%	$672	$672	$794	$794
1434	24320	6	1	16.7%	$1,253	$1,253	$1,479	$1,479
1435	24581	6	1	16.7%	$500	$496	$550	$540
1436	25570	6	0	0.0%	$794	$440	$794	$676
1437	26205	6	0	0.0%	$1,246	$1,246	$1,290	$1,290
1438	26478	6	0	0.0%	$790	$840	$733	$781
1439	26489	6	1	16.7%	$1,050	$1,365	$1,122	$1,243

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1440	27065	6	3	50.0%	$670	$670	$645	$645
1441	27440	6	1	16.7%	$641	$583	$691	$663
1442	27686	6	1	16.7%	$962	$962	$1,518	$1,753
1443	27810	6	0	0.0%	$675	$675	$709	$704
1444	27848	6	1	16.7%	$2,063	$2,063	$1,864	$1,864
1445	28054	6	0	0.0%	$815	$753	$884	$849
1446	28106	6	2	33.3%	$700	$680	$917	$874
1447	28480	6	0	0.0%	$1,225	$1,225	$1,276	$1,276
1448	28585	6	1	16.7%	$695	$695	$587	$587
1449	31561	6	1	16.7%	$813	$827	$843	$1,002
1450	31830	6	0	0.0%	$550	$632	$555	$613
1451	33010	6	0	0.0%	$730	$730	$730	$730
1452	36533	6	2	33.3%	$1,180	$1,005	$1,160	$1,057
1453	40801	6	3	50.0%	$560	$560	$769	$769
1454	40831	6	1	16.7%	$675	$773	$621	$730
1455	41000	6	0	0.0%	$515	$508	$562	$518
1456	41017	6	0	0.0%	$730	$1,100	$730	$977
1457	42160	6	0	0.0%	$413	$366	$470	$410
1458	42210	6	1	16.7%	$1,385	$1,145	$1,725	$1,516
1459	43269	6	5	83.3%	$513	$650	$527	$593
1460	44345	6	3	50.0%	$640	$638	$804	$776
1461	45315	6	0	0.0%	$630	$630	$808	$719
1462	46210	6	0	0.0%	$773	$900	$743	$796
1463	46285	6	1	16.7%	$710	$710	$746	$740
1464	49300	6	5	83.3%	$873	$873	$854	$854
1465	49426	6	2	33.3%	$967	$967	$950	$950
1466	51500	6	0	0.0%	$750	$750	$895	$895
1467	52630	6	2	33.3%	$398	$398	$769	$581
1468	53010	6	0	0.0%	$965	$930	$965	$942
1469	55150	6	1	16.7%	$550	$500	$723	$678
1470	56750	6	6	100.0%	$1,716	$1,716	$1,716	$1,716
1471	57268	6	3	50.0%	$1,031	$1,031	$945	$945
1472	57550	6	0	0.0%	$796	$796	$744	$744
1473	61055	6	0	0.0%	$298	$298	$298	$298
1474	64874	6	1	16.7%	$773	$725	$839	$792
1475	69120	6	2	33.3%	$529	$529	$676	$676
1476	69676	6	1	16.7%	$1,050	$1,438	$1,104	$1,261
1477	69700	6	1	16.7%	$1,397	$1,235	$1,538	$1,426
1478	69720	6	1	16.7%	$1,080	$1,140	$1,144	$1,203
1479	12017	5	2	40.0%	$356	$482	$483	$596
1480	15261	5	2	40.0%	$493	$550	$531	$605
1481	21339	5	0	0.0%	$650	$650	$943	$943
1482	21340	5	0	0.0%	$570	$1,463	$809	$1,071
1483	21343	5	0	0.0%	$950	$950	$860	$860
1484	21387	5	0	0.0%	$1,290	$1,290	$1,472	$1,472

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1485	21620	5	0	0.0%	$850	$850	$836	$836
1486	23106	5	0	0.0%	$642	$900	$642	$797
1487	23125	5	0	0.0%	$669	$650	$623	$572
1488	23460	5	0	0.0%	$1,183	$1,183	$1,183	$1,183
1489	23462	5	0	0.0%	$2,000	$2,000	$2,043	$2,026
1490	24155	5	0	0.0%	$1,230	$1,427	$1,225	$1,265
1491	24545	5	0	0.0%	$1,000	$1,000	$1,098	$1,098
1492	24655	5	0	0.0%	$567	$534	$568	$561
1493	25125	5	0	0.0%	$953	$1,050	$1,032	$1,098
1494	25263	5	0	0.0%	$725	$877	$989	$1,188
1495	25301	5	0	0.0%	$828	$828	$940	$940
1496	25615	5	2	40.0%	$850	$850	$829	$838
1497	26030	5	1	20.0%	$686	$585	$688	$647
1498	26496	5	1	20.0%	$575	$575	$779	$697
1499	26510	5	0	0.0%	$964	$868	$1,069	$1,028
1500	26675	5	1	20.0%	$910	$910	$797	$797
1501	26780	5	1	20.0%	$800	$800	$924	$924
1502	27033	5	1	20.0%	$1,236	$1,380	$1,593	$1,550
1503	27066	5	0	0.0%	$835	$835	$889	$889
1504	27564	5	1	20.0%	$1,091	$2,066	$1,336	$1,628
1505	27605	5	1	20.0%	$1,200	$1,200	$1,573	$1,573
1506	27692	5	0	0.0%	$1,465	$1,465	$1,465	$1,465
1507	27705	5	0	0.0%	$1,060	$1,060	$1,144	$1,144
1508	27752	5	1	20.0%	$575	$575	$626	$626
1509	27790	5	0	0.0%	$1,050	$1,050	$1,105	$1,105
1510	27870	5	0	0.0%	$1,527	$1,527	$1,401	$1,401
1511	28003	5	0	0.0%	$1,245	$990	$1,164	$1,129
1512	28103	5	4	80.0%	$1,150	$401	$947	$729
1513	28735	5	1	20.0%	$763	$830	$810	$814
1514	31075	5	0	0.0%	$850	$850	$829	$829
1515	32405	5	0	0.0%	$799	$687	$799	$777
1516	36820	5	2	40.0%	$1,021	$1,200	$995	$1,156
1517	42107	5	4	80.0%	$558	$558	$659	$659
1518	42215	5	0	0.0%	$1,320	$1,320	$1,315	$1,315
1519	42300	5	1	20.0%	$540	$540	$484	$506
1520	42955	5	4	80.0%	$397	$425	$397	$414
1521	44364	5	2	40.0%	$333	$333	$333	$333
1522	46211	5	0	0.0%	$1,569	$1,569	$1,384	$1,490
1523	46612	5	0	0.0%	$703	$709	$1,130	$1,404
1524	46753	5	2	40.0%	$700	$550	$652	$611
1525	52300	5	4	80.0%	$1,000	$1,250	$1,088	$1,240
1526	54500	5	0	0.0%	$380	$380	$429	$429
1527	57265	5	1	20.0%	$1,500	$2,500	$1,645	$1,987
1528	57320	5	0	0.0%	$633	$688	$616	$639
1529	57530	5	2	40.0%	$356	$733	$480	$581

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1530	64771	5	1	20.0%	$525	$695	$580	$626
1531	64792	5	0	0.0%	$933	$925	$1,159	$1,112
1532	65110	5	1	20.0%	$676	$700	$718	$714
1533	65135	5	1	20.0%	$450	$450	$513	$500
1534	65140	5	1	20.0%	$1,260	$1,260	$1,233	$1,119
1535	65855	5	4	80.0%	$1,200	$1,200	$1,200	$1,200
1536	66899	5	3	60.0%	$1,000	$1,000	$1,000	$1,000
1537	67115	5	0	0.0%	$480	$500	$685	$648
1538	67405	5	4	80.0%	$713	$800	$824	$923
1539	67420	5	0	0.0%	$643	$700	$764	$870
1540	67440	5	0	0.0%	$1,325	$1,325	$1,235	$1,292
1541	68500	5	2	40.0%	$490	$490	$490	$490
1542	69550	5	0	0.0%	$584	$584	$564	$564
1543	69602	5	0	0.0%	$1,800	$1,800	$1,837	$1,837
1544	12007	4	2	50.0%	$514	$514	$725	$725
1545	12057	4	1	25.0%	$900	$800	$900	$850
1546	15736	4	0	0.0%	$1,255	$1,255	$1,262	$1,262
1547	16030	4	0	0.0%	$537	$537	$591	$577
1548	16035	4	0	0.0%	$630	$630	$635	$635
1549	20920	4	1	25.0%	$650	$623	$974	$880
1550	21215	4	0	0.0%	$1,841	$1,841	$1,606	$1,606
1551	21249	4	0	0.0%	$1,265	$792	$1,020	$845
1552	21407	4	0	0.0%	$1,300	$1,227	$1,300	$1,264
1553	23040	4	1	25.0%	$1,116	$1,116	$1,299	$1,299
1554	23105	4	1	25.0%	$1,359	$1,359	$1,570	$1,570
1555	24330	4	1	25.0%	$600	$600	$600	$600
1556	24495	4	0	0.0%	$746	$1,295	$1,055	$1,252
1557	24505	4	1	25.0%	$783	$783	$876	$876
1558	24580	4	0	0.0%	$699	$699	$758	$758
1559	25265	4	1	25.0%	$770	$770	$822	$809
1560	25444	4	0	0.0%	$3,260	$3,556	$2,768	$3,039
1561	25449	4	1	25.0%	$740	$740	$855	$855
1562	25450	4	2	50.0%	$841	$824	$886	$866
1563	25635	4	.	0.0%	$592	$592	$592	$592
1564	25660	4	0	0.0%	$428	$428	$447	$442
1565	25805	4	1	25.0%	$1,114	$1,114	$1,203	$1,203
1566	26492	4	0	0.0%	$917	$917	$962	$962
1567	26710	4	1	25.0%	$1,385	$2,145	$1,385	$1,765
1568	27381	4	0	0.0%	$1,200	$1,200	$1,200	$1,200
1569	27530	4	0	0.0%	$1,094	$813	$1,392	$1,177
1570	27800	4	0	0.0%	$578	$555	$578	$566
1571	27884	4	1	25.0%	$695	$695	$770	$770
1572	28202	4	1	25.0%	$990	$990	$1,161	$1,161
1573	28500	4	0	0.0%	$687	$744	$691	$718
1574	28546	4	1	25.0%	$600	$575	$669	$639

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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(**Volume totals are different because outlier charge data were trimmed.)

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1575	28606	4	0	0.0%	$738	$738	$739	$739
1576	28705	4	0	0.0%	$1,515	$1,260	$1,515	$1,388
1577	31527	4	0	0.0%	$550	$393	$520	$449
1578	31641	4	0	0.0%	$613	$613	$613	$613
1579	36825	4	0	0.0%	$1,929	$958	$1,929	$1,444
1580	36832	4	1	25.0%	$954	$954	$977	$977
1581	40840	4	1	25.0%	$1,137	$1,137	$989	$1,026
1582	40844	4	0	0.0%	$1,890	$900	$1,890	$1,395
1583	42182	4	0	0.0%	$702	$849	$766	$823
1584	42260	4	1	25.0%	$1,738	$1,738	$1,627	$1,627
1585	42802	4	1	25.0%	$633	$633	$609	$609
1586	43870	4	1	25.0%	$510	$510	$485	$485
1587	44393	4	3	75.0%	$790	$790	$790	$790
1588	50553	4	3	75.0%	$677	$480	$677	$579
1589	51710	4	3	75.0%	$794	$975	$794	$885
1590	53210	4	1	25.0%	$540	$730	$540	$635
1591	53240	4	0	0.0%	$875	$875	$830	$830
1592	54120	4	3	75.0%	$869	$869	$836	$836
1593	55180	4	0	0.0%	$950	$950	$987	$987
1594	57010	4	1	25.0%	$738	$738	$964	$964
1595	60000	4	0	0.0%	$755	$960	$755	$858
1596	60281	4	0	0.0%	$881	$881	$923	$923
1597	62272	4	0	0.0%	$350	$350	$352	$351
1598	64620	4	1	25.0%	$900	$1,353	$928	$1,147
1599	64712	4	0	0.0%	$850	$850	$901	$888
1600	64783	4	0	0.0%	$575	$425	$642	$550
1601	64898	4	0	0.0%	$856	$793	$1,054	$973
1602	65260	4	1	25.0%	$489	$489	$537	$537
1603	68340	4	2	50.0%	$535	$535	$598	$598
1604	68505	4	3	75.0%	$700	$700	$810	$810
1605	68745	4	3	75.0%	$674	$1,187	$975	$1,156
1606	69300	4	0	0.0%	$1,220	$1,840	$1,220	$1,530
1607	11440	3	3	100.0%	$225	$225	$225	$225
1608	11441	3	0	0.0%	$500	$750	$500	$583
1609	12021	3	1	33.3%	$587	$430	$587	$535
1610	12047	3	2	66.7%	$750	$750	$757	$757
1611	15350	3	0	0.0%	$779	$735	$779	$764
1612	15845	3	0	0.0%	$1,081	$1,162	$1,081	$1,108
1613	15934	3	1	33.3%	$570	$570	$671	$671
1614	15940	3	0	0.0%	$405	$450	$405	$420
1615	15944	3	1	33.3%	$635	$635	$517	$517
1616	15950	3	1	33.3%	$600	$500	$600	$567
1617	21070	3	0	0.0%	$447	$75	$447	$323
1618	21275	3	0	0.0%	$1,078	$1,078	$1,078	$1,078
1619	21400	3	0	0.0%	$1,361	$562	$1,361	$1,095

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(**Volume totals are different because outlier charge data were trimmed.)

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1620	21422	3	0	0.0%	$850	$850	$1,228	$1,228
1621	23077	3	0	0.0%	$808	$1,039	$808	$885
1622	23145	3	0	0.0%	$573	$573	$540	$540
1623	23184	3	0	0.0%	$1,635	$900	$1,635	$1,390
1624	23615	3	1	33.3%	$994	$994	$1,115	$1,115
1625	23665	3	1	33.3%	$675	$675	$709	$709
1626	23935	3	0	0.0%	$709	$618	$709	$679
1627	24125	3	1	33.3%	$1,633	$1,901	$1,633	$1,722
1628	24138	3	0	0.0%	$682	$682	$679	$679
1629	24366	3	1	33.3%	$895	$895	$850	$850
1630	24400	3	0	0.0%	$1,429	$1,429	$1,438	$1,438
1631	24410	3	0	0.0%	$837	$837	$837	$837
1632	24535	3	0	0.0%	$793	$793	$828	$828
1633	24583	3	0	0.0%	$528	$532	$528	$529
1634	25145	3	0	0.0%	$667	$667	$669	$669
1635	25391	3	1	33.3%	$2,205	$2,205	$1,880	$1,880
1636	25420	3	3	100.0%	$850	$850	$850	$850
1637	25455	3	3	100.0%	$920	$920	$920	$920
1638	25690	3	1	33.3%	$685	$685	$650	$650
1639	25929	3	0	0.0%	$700	$700	$785	$785
1640	26262	3	0	0.0%	$928	$780	$928	$878
1641	26415	3	0	0.0%	$544	$338	$544	$475
1642	26479	3	0	0.0%	$1,018	$1,177	$1,018	$1,071
1643	26499	3	0	0.0%	$923	$550	$923	$798
1644	26655	3	0	0.0%	$1,090	$1,090	$1,008	$1,008
1645	27000	3	1	33.3%	$909	$909	$775	$775
1646	27003	3	0	0.0%	$1,397	$1,800	$1,397	$1,531
1647	27238	3	0	0.0%	$494	$494	$494	$494
1648	27250	3	0	0.0%	$1,073	$1,995	$1,073	$1,380
1649	27252	3	0	0.0%	$492	$492	$536	$536
1650	27315	3	0	0.0%	$1,308	$710	$1,308	$1,109
1651	27320	3	0	0.0%	$600	$600	$600	$600
1652	27335	3	0	0.0%	$1,324	$1,850	$1,324	$1,499
1653	27429	3	0	0.0%	$2,774	$2,774	$2,247	$2,247
1654	27502	3	0	0.0%	$810	$810	$810	$810
1655	27532	3	1	33.3%	$770	$770	$766	$766
1656	27562	3	0	0.0%	$1,008	$1,008	$951	$951
1657	27566	3	0	0.0%	$785	$785	$962	$962
1658	27604	3	0	0.0%	$575	$575	$660	$660
1659	27637	3	0	0.0%	$1,050	$1,050	$1,518	$1,518
1660	27665	3	0	0.0%	$1,000	$1,000	$915	$915
1661	27750	3	0	0.0%	$572	$428	$572	$524
1662	30930	3	0	0.0%	$251	$251	$251	$251
1663	31528	3	1	33.3%	$482	$582	$482	$515
1664	31615	3	0	0.0%	$514	$298	$514	$442

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1665	31635	3	2	66.7%	$725	$725	$602	$602
1666	31825	3	1	33.3%	$600	$600	$635	$635
1667	36530	3	0	0.0%	$1,100	$1,100	$1,100	$1,100
1668	36821	3	1	33.3%	$865	$638	$865	$789
1669	40845	3	0	0.0%	$1,000	$1,000	$1,001	$1,001
1670	41015	3	0	0.0%	$693	$693	$633	$633
1671	42235	3	0	0.0%	$1,218	$1,036	$1,218	$1,157
1672	42320	3	0	0.0%	$347	$347	$347	$347
1673	42325	3	1	33.3%	$285	$285	$347	$347
1674	42340	3	1	33.3%	$616	$616	$667	$667
1675	42505	3	0	0.0%	$1,000	$1,000	$1,221	$1,221
1676	43271	3	0	0.0%	$124	$150	$124	$132
1677	45000	3	0	0.0%	$575	$575	$613	$613
1678	45317	3	0	0.0%	$325	$325	$303	$303
1679	45337	3	1	33.3%	$508	$750	$508	$589
1680	47510	3	1	33.3%	$117	$117	$117	$117
1681	49400	3	2	66.7%	$715	$275	$715	$568
1682	50953	3	2	66.7%	$350	$350	$429	$429
1683	51020	3	0	0.0%	$800	$800	$834	$834
1684	51880	3	2	66.7%	$604	$707	$604	$638
1685	53215	3	0	0.0%	$900	$900	$858	$858
1686	53410	3	2	66.7%	$600	$600	$631	$631
1687	53460	3	2	66.7%	$700	$550	$700	$650
1688	54670	3	0	0.0%	$288	$288	$315	$315
1689	55100	3	0	0.0%	$500	$500	$475	$475
1690	58820	3	0	0.0%	$614	$298	$614	$509
1691	62277	3	3	100.0%	$396	$367	$396	$386
1692	64714	3	2	66.7%	$410	$410	$531	$531
1693	64742	3	2	66.7%	$1,510	$2,500	$1,510	$1,840
1694	64802	3	0	0.0%	$1,431	$1,431	$1,431	$1,431
1695	64837	3	1	33.3%	$287	$444	$287	$339
1696	64864	3	0	0.0%	$978	$1,000	$978	$985
1697	64893	3	1	33.3%	$1,427	$1,225	$1,427	$1,359
1698	64896	3	0	0.0%	$895	$895	$1,018	$1,018
1699	67350	3	1	33.3%	$852	$1,356	$852	$1,020
1700	69603	3	1	33.3%	$1,775	$1,800	$1,775	$1,783
1701	69670	3	0	0.0%	$975	$975	$953	$953
1702	10680	2	0	0.0%	$725	$725	$725	$725
1703	11048	2	1	50.0%	$498	$498	$498	$498
1704	11463	2	0	0.0%	$592	$592	$592	$592
1705	11623	2	2	100.0%	$581	$581	$581	$581
1706	11640	2	1	50.0%	$850	$850	$850	$850
1707	12045	2	0	0.0%	$1,150	$1,150	$1,150	$1,150
1708	15121	2	1	50.0%	$1,103	$1,103	$1,103	$1,103
1709	15400	2	1	50.0%	$698	$698	$698	$698

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1710	15750	2	0	0.0%	$709	$709	$709	$709
1711	15822	2	2	100.0%	$2,100	$2,100	$2,100	$2,100
1712	20250	2	0	0.0%	$460	$460	$460	$460
1713	20251	2	2	100.0%	$568	$568	$568	$568
1714	21267	2	0	0.0%	$650	$650	$650	$650
1715	21395	2	1	50.0%	$1,650	$1,650	$1,650	$1,650
1716	21421	2	0	0.0%	$1,316	$1,316	$1,316	$1,316
1717	21440	2	0	0.0%	$669	$669	$669	$669
1718	21480	2	0	0.0%	$848	$848	$848	$848
1719	23035	2	0	0.0%	$856	$856	$856	$856
1720	23330	2	0	0.0%	$408	$408	$408	$408
1721	23405	2	1	50.0%	$1,114	$1,114	$1,114	$1,114
1722	23485	2	0	0.0%	$1,230	$1,230	$1,230	$1,230
1723	23500	2	0	0.0%	$946	$946	$946	$946
1724	23510	2	0	0.0%	$1,205	$1,205	$1,205	$1,205
1725	23540	2	0	0.0%	$950	$950	$950	$950
1726	23605	2	1	50.0%	$1,168	$1,168	$1,168	$1,168
1727	23630	2	0	0.0%	$848	$848	$848	$848
1728	24100	2	0	0.0%	$1,475	$1,475	$1,475	$1,475
1729	24152	2	0	0.0%	$1,000	$1,000	$1,000	$1,000
1730	24164	2	0	0.0%	$838	$838	$838	$838
1731	24331	2	1	50.0%	$546	$546	$546	$546
1732	24420	2	0	0.0%	$362	$362	$362	$362
1733	24435	2	0	0.0%	$1,639	$1,639	$1,639	$1,639
1734	24565	2	0	0.0%	$798	$798	$798	$798
1735	24570	2	0	0.0%	$683	$683	$683	$683
1736	24578	2	0	0.0%	$816	$816	$816	$816
1737	24587	2	0	0.0%	$1,048	$1,048	$1,048	$1,048
1738	24615	2	1	50.0%	$730	$730	$730	$730
1739	24666	2	0	0.0%	$1,110	$1,110	$1,110	$1,110
1740	24675	2	0	0.0%	$950	$950	$950	$950
1741	24680	2	2	100.0%	$915	$915	$915	$915
1742	25035	2	0	0.0%	$1,403	$1,403	$1,403	$1,403
1743	25170	2		0.0%	$852	$852	$852	$852
1744	25365	2	0	0.0%	$1,454	$1,454	$1,454	$1,454
1745	25426	2	0	0.0%	$1,300	$1,300	$1,300	$1,300
1746	25626	2	0	0.0%	$593	$593	$593	$593
1747	25676	2	0	0.0%	$875	$875	$875	$875
1748	26255	2	1	50.0%	$970	$970	$970	$970
1749	26494	2	0	0.0%	$878	$878	$878	$878
1750	26498	2	0	0.0%	$1,365	$1,365	$1,365	$1,365
1751	26518	2	1	50.0%	$870	$870	$870	$870
1752	26550	2	0	0.0%	$833	$833	$833	$833
1753	26992	2	1	50.0%	$800	$800	$800	$800
1754	27060	2	0	0.0%	$671	$671	$671	$671

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1755	27508	2	0	0.0%	$413	$413	$413	$413
1756	27552	2	0	0.0%	$834	$834	$834	$834
1757	27658	2	1	50.0%	$577	$577	$577	$577
1758	27681	2	1	50.0%	$899	$899	$899	$899
1759	27781	2	0	0.0%	$474	$474	$474	$474
1760	27786	2	0	0.0%	$997	$997	$997	$997
1761	27832	2	0	0.0%	$846	$846	$846	$846
1762	27842	2	0	0.0%	$2,413	$2,413	$2,413	$2,413
1763	28210	2	1	50.0%	$796	$796	$796	$796
1764	28400	2	0	0.0%	$725	$725	$725	$725
1765	28406	2	0	0.0%	$1,058	$1,058	$1,058	$1,058
1766	28420	2	2	100.0%	$702	$702	$702	$702
1767	28460	2	0	0.0%	$1,133	$1,133	$1,133	$1,133
1768	28520	2	0	0.0%	$1,117	$1,117	$1,117	$1,117
1769	28665	2	0	0.0%	$362	$362	$362	$362
1770	30320	2	19	950.0%	$1,169	$1,169	$546	$1,169
1771	30920	2	1	50.0%	$940	$940	$940	$940
1772	31511	2	.	0.0%	$615	$615	$615	$615
1773	31612	2	0	0.0%	$616	$616	$616	$616
1774	32400	2	2	100.0%	$695	$695	$695	$695
1775	41008	2	0	0.0%	$559	$559	$559	$559
1776	42180	2	0	0.0%	$545	$545	$545	$545
1777	42220	2	0	0.0%	$1,450	$1,450	$1,450	$1,450
1778	42600	2	0	0.0%	$732	$732	$732	$732
1779	42900	2	0	0.0%	$530	$530	$530	$530
1780	43217	2	1	50.0%	$275	$275	$275	$275
1781	44100	2	1	50.0%	$378	$378	$378	$378
1782	44346	2	1	50.0%	$1,175	$1,175	$1,175	$1,175
1783	44366	2	1	50.0%	$517	$517	$517	$517
1784	44369	2	1	50.0%	$592	$592	$592	$592
1785	44385	2	0	0.0%	$527	$527	$527	$527
1786	45332	2	1	50.0%	$691	$691	$691	$691
1787	46754	2	0	0.0%	$525	$525	$525	$525
1788	50390	2	1	50.0%	$308	$308	$308	$308
1789	50393	2	2	100.0%	$546	$546	$546	$546
1790	51005	2	0	0.0%	$450	$450	$450	$450
1791	51030	2	0	0.0%	$515	$515	$515	$515
1792	52277	2	1	50.0%	$871	$871	$871	$871
1793	52612	2	1	50.0%	$838	$838	$838	$838
1794	53447	2	0	0.0%	$1,712	$1,712	$1,712	$1,712
1795	54115	2	1	50.0%	$928	$928	$928	$928
1796	54435	2	0	0.0%	$1,332	$1,332	$1,332	$1,332
1797	57180	2	2	100.0%	$553	$553	$553	$553
1798	60225	2	1	50.0%	$1,720	$1,720	$1,720	$1,720
1799	64680	2	1	50.0%	$640	$640	$640	$640

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1800	64734	2	1	50.0%	$863	$863	$863	$863
1801	64840	2	0	0.0%	$1,036	$1,036	$1,036	$1,036
1802	64891	2	0	0.0%	$1,223	$1,223	$1,223	$1,223
1803	64897	2	0	0.0%	$2,000	$2,000	$2,000	$2,000
1804	66761	2	2	100.0%	$1,200	$1,200	$1,200	$1,200
1805	67430	2	1	50.0%	$950	$950	$950	$950
1806	68110	2	20	1000.0%	$275	$275	$275	$275
1807	68525	2	1	50.0%	$568	$568	$568	$568
1808	69301	2	0	0.0%	$2,312	$2,312	$2,312	$2,312
1809	69433	2	0	0.0%	$575	$575	$575	$575
1810	10140	1	0	0.0%	$628	$628	$628	$628
1811	11641	1	0	0.0%	$200	$200	$200	$200
1812	12016	1	0	0.0%	$190	$190	$190	$190
1813	12046	1	0	0.0%	$350	$350	$350	$350
1814	15201	1	1	100.0%	$300	$300	$300	$300
1815	15841	1	0	0.0%	$1,050	$1,050	$1,050	$1,050
1816	15842	1	1	100.0%	$900	$900	$900	$900
1817	15936	1	0	0.0%	$663	$663	$663	$663
1818	15941	1	1	100.0%	$595	$595	$595	$595
1819	15946	1	0	0.0%	$1,200	$1,200	$1,200	$1,200
1907	2	1	1	100.0%	$1,049	$1,049	$1,049	$1,049
1820	20661	1	0	0.0%	$930	$930	$930	$930
1821	20665	1	0	0.0%	$732	$732	$732	$732
1822	20970	1	1	100.0%	$3,445	$3,445	$3,445	$3,445
1823	21243	1	0	0.0%	$1,389	$1,389	$1,389	$1,389
1824	21401	1	0	0.0%	$776	$776	$776	$776
1825	21452	1	0	0.0%	$1,292	$1,292	$1,292	$1,292
1826	21454	1	0	0.0%	$3,716	$3,716	$3,716	$3,716
1827	21497	1	0	0.0%	$1,277	$1,277	$1,277	$1,277
1828	21502	1	0	0.0%	$646	$646	$646	$646
1829	21720	1	0	0.0%	$1,122	$1,122	$1,122	$1,122
1830	21820	1	0	0.0%	$797	$797	$797	$797
1831	23170	1	0	0.0%	$1,530	$1,530	$1,530	$1,530
1832	23172	1	0	0.0%	$444	$444	$444	$444
1833	23174	1	0	0.0%	$890	$890	$890	$890
1834	23220	1	0	0.0%	$750	$750	$750	$750
1835	23400	1	0	0.0%	$407	$407	$407	$407
1836	23440	1	0	0.0%	$544	$544	$544	$544
1837	23600	1	0	0.0%	$711	$711	$711	$711
1838	23625	1	0	0.0%	$313	$313	$313	$313
1839	23650	1	0	0.0%	$619	$619	$619	$619
1840	23658	1	0	0.0%	$775	$775	$775	$775
1841	23675	1	0	0.0%	$737	$737	$737	$737
1842	23680	1	0	0.0%	$359	$359	$359	$359
1843	23800	1	0	0.0%	$738	$738	$738	$738

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
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(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1844	24115	1	0	0.0%	$2,330	$2,330	$2,330	$2,330
1845	24136	1	0	0.0%	$1,033	$1,033	$1,033	$1,033
1846	24430	1	1	100.0%	$1,064	$1,064	$1,064	$1,064
1847	24470	1	0	0.0%	$586	$586	$586	$586
1848	24500	1	0	0.0%	$750	$750	$750	$750
1849	24506	1	0	0.0%	$575	$575	$575	$575
1850	24531	1	0	0.0%	$600	$600	$600	$600
1851	24576	1	0	0.0%	$413	$413	$413	$413
1852	24620	1	0	0.0%	$419	$419	$419	$419
1853	24635	1	0	0.0%	$740	$740	$740	$740
1854	24800	1	0	0.0%	$900	$900	$900	$900
1855	24925	1	.	0.0%	$500	$500	$500	$500
1856	25251	1	0	0.0%	$795	$795	$795	$795
1857	25315	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1858	25317	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1859	25332	1	0	0.0%	$2,470	$2,470	$2,470	$2,470
1860	25355	1	0	0.0%	$950	$950	$950	$950
1861	25375	1	0	0.0%	$895	$895	$895	$895
1862	25425	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1863	25446	1	.	0.0%	$1,272	$1,272	$1,272	$1,272
1864	25510	1	0	0.0%	$1,457	$1,457	$1,457	$1,457
1865	25540	1	0	0.0%	$1,050	$1,050	$1,050	$1,050
1866	25640	1	0	0.0%	$700	$700	$700	$700
1867	25665	1	0	0.0%	$1,460	$1,460	$1,460	$1,460
1868	25685	1	0	0.0%	$1,885	$1,885	$1,885	$1,885
1869	25695	1	1	100.0%	$1,050	$1,050	$1,050	$1,050
1870	25907	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1871	26373	1	0	0.0%	$423	$423	$423	$423
1872	26562	1	0	0.0%	$950	$950	$950	$950
1873	26580	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1874	26590	1	0	0.0%	$1,028	$1,028	$1,028	$1,028
1875	26596	1	0	0.0%	$2,455	$2,455	$2,455	$2,455
1876	26863	1	1	100.0%	$1,456	$1,456	$1,456	$1,456
1877	26991	1	1	100.0%	$640	$640	$640	$640
1878	27050	1	1	100.0%	$703	$703	$703	$703
1879	27052	1	0	0.0%	$376	$376	$376	$376
1880	27230	1	0	0.0%	$596	$596	$596	$596
1881	27306	1	1	100.0%	$592	$592	$592	$592
1882	27356	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1883	27393	1	0	0.0%	$900	$900	$900	$900
1884	27394	1	0	0.0%	$900	$900	$900	$900
1885	27396	1	0	0.0%	$677	$677	$677	$677
1886	27424	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1887	27441	1	0	0.0%	$1,589	$1,589	$1,589	$1,589
1888	27504	1	0	0.0%	$755	$755	$755	$755

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	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1889	27510	1	0	0.0%	$650	$650	$650	$650
1890	27520	1	0	0.0%	$725	$725	$725	$725
1891	27534	1	0	0.0%	$1,200	$1,200	$1,200	$1,200
1892	27638	1	0	0.0%	$2,530	$2,530	$2,530	$2,530
1893	27709	1	0	0.0%	$2,419	$2,419	$2,419	$2,419
1894	27715	1	0	0.0%	$350	$350	$350	$350
1895	27756	1	0	0.0%	$1,260	$1,260	$1,260	$1,260
1896	27760	1	0	0.0%	$1,655	$1,655	$1,655	$1,655
1897	27780	1	.	0.0%	$825	$825	$825	$825
1898	27782	1	0	0.0%	$1,680	$1,680	$1,680	$1,680
1899	27808	1	0	0.0%	$413	$413	$413	$413
1900	27816	1	0	0.0%	$1,100	$1,100	$1,100	$1,100
1901	27818	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1902	27830	1	0	0.0%	$1,875	$1,875	$1,875	$1,875
1903	27844	1	0	0.0%	$600	$600	$600	$600
1904	28130	1	0	0.0%	$2,865	$2,865	$2,865	$2,865
1905	28435	1	0	0.0%	$466	$466	$466	$466
1906	28440	1	0	0.0%	$600	$600	$600	$600
1908	28670	1	0	0.0%	$322	$322	$322	$322
1909	30820	1	0	0.0%	$1,072	$1,072	$1,072	$1,072
1910	30901	1	0	0.0%	$648	$648	$648	$648
1911	30915	1	0	0.0%	$466	$466	$466	$466
1912	31268	1	0	0.0%	$646	$646	$646	$646
1913	31560	1	0	0.0%	$615	$615	$615	$615
1914	31577	1	0	0.0%	$667	$667	$667	$667
1915	31631	1	.	0.0%	$600	$600	$600	$600
1916	31640	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1917	31755	1	0	0.0%	$605	$605	$605	$605
1918	31785	1	1	100.0%	$520	$520	$520	$520
1919	32002	1	0	0.0%	$465	$465	$465	$465
1920	36534	1	0	0.0%	$1,078	$1,078	$1,078	$1,078
1921	36800	1	0	0.0%	$1,200	$1,200	$1,200	$1,200
1922	36815	1	0	0.0%	$1,403	$1,403	$1,403	$1,403
1923	38308	1	1	100.0%	$652	$652	$652	$652
1924	40700	1	0	0.0%	$1,040	$1,040	$1,040	$1,040
1925	41006	1	0	0.0%	$820	$820	$820	$820
1926	41252	1	0	0.0%	$1,329	$1,329	$1,329	$1,329
1927	41510	1	1	100.0%	$1,145	$1,145	$1,145	$1,145
1928	42205	1	0	0.0%	$375	$375	$375	$375
1929	42225	1	0	0.0%	$1,700	$1,700	$1,700	$1,700
1930	42508	1	0	0.0%	$825	$825	$825	$825
1931	42720	1	0	0.0%	$700	$700	$700	$700
1932	42725	1	1	100.0%	$1,342	$1,342	$1,342	$1,342
1933	43263	1	0	0.0%	$625	$625	$625	$625
1934	43600	1	0	0.0%	$942	$942	$942	$942

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	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1935	44363	1	1	100.0%	$176	$176	$176	$176
1936	44372	1	1	100.0%	$577	$577	$577	$577
1937	44386	1	0	0.0%	$285	$285	$285	$285
1938	45150	1	0	0.0%	$375	$375	$375	$375
1939	45307	1	0	0.0%	$650	$650	$650	$650
1940	45320	1	0	0.0%	$730	$730	$730	$730
1941	45900	1	0	0.0%	$305	$305	$305	$305
1942	46221	1	0	0.0%	$1,210	$1,210	$1,210	$1,210
1943	46938	1	1	100.0%	$705	$705	$705	$705
1944	47554	1	1	100.0%	$65	$65	$65	$65
1945	49500	1	0	0.0%	$1,955	$1,955	$1,955	$1,955
1946	49501	1	0	0.0%	$977	$977	$977	$977
1947	49580	1	0	0.0%	$2,097	$2,097	$2,097	$2,097
1948	50395	1	0	0.0%	$310	$310	$310	$310
1949	50557	1	0	0.0%	$425	$425	$425	$425
1950	50951	1	0	0.0%	$850	$850	$850	$850
1951	50961	1	0	0.0%	$1,500	$1,500	$1,500	$1,500
1952	50972	1	0	0.0%	$854	$854	$854	$854
1953	50974	1	0	0.0%	$825	$825	$825	$825
1954	52334	1	0	0.0%	$734	$734	$734	$734
1955	52606	1	.	0.0%	$695	$695	$695	$695
1956	52650	1	0	0.0%	$619	$619	$619	$619
1957	53040	1	0	0.0%	$575	$575	$575	$575
1958	53220	1	1	100.0%	$662	$662	$662	$662
1959	53235	1	0	0.0%	$243	$243	$243	$243
1960	53250	1	0	0.0%	$900	$900	$900	$900
1961	53420	1	0	0.0%	$579	$579	$579	$579
1962	54680	1	1	100.0%	$640	$640	$640	$640
1963	54800	1	0	0.0%	$300	$300	$300	$300
1964	56420	1	0	0.0%	$1,824	$1,824	$1,824	$1,824
1965	56600	1	0	0.0%	$1,209	$1,209	$1,209	$1,209
1966	56625	1	0	0.0%	$720	$720	$720	$720
1967	59841	1	0	0.0%	$2,352	$2,352	$2,352	$2,352
1968	61215	1	0	0.0%	$726	$726	$726	$726
1969	63744	1	1	100.0%	$300	$300	$300	$300
1970	64732	1	0	0.0%	$418	$418	$418	$418
1971	64740	1	1	100.0%	$868	$868	$868	$868
1972	64786	1	0	0.0%	$772	$772	$772	$772
1973	64859	1	0	0.0%	$650	$650	$650	$650
1974	64865	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1975	65740	1	1	100.0%	$4,500	$4,500	$4,500	$4,500
1976	65771	1	0	0.0%	$1,500	$1,500	$1,500	$1,500
1977	66220	1	1	100.0%	$1,300	$1,300	$1,300	$1,300
1978	67810	1	1	100.0%	$100	$100	$100	$100
1979	69444	1	0	0.0%	$1,225	$1,225	$1,225	$1,225

TABLE 14.1 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(ORDERED FROM HIGHEST TO LOWEST TOTAL VOLUME)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1980	69740	1	1	100.0%	$700	$700	$700	$700
1981	69801	1	1	100.0%	$850	$850	$850	$850
1982	69820	1	0	0.0%	$825	$825	$825	$825

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
	TOTAL	1,609,505	688,946	42.8%				
1810	10140	1	0	0.0%	$628	$628	$628	$628
357	10141	303	67	22.1%	$546	$569	$643	$645
684	10180	83	13	15.7%	$524	$500	$573	$558
1702	10680	2	0	0.0%	$725	$725	$725	$725
170	11042	927	235	25.4%	$600	$630	$643	$609
367	11043	290	141	48.6%	$620	$340	$626	$503
301	11044	424	73	17.2%	$685	$543	$776	$646
1703	11048	2	1	50.0%	$498	$498	$498	$498
741	11402	68	25	36.8%	$350	$350	$350	$350
751	11403	66	1	1.5%	$292	$292	$292	$292
98	11404	1,624	223	13.7%	$547	$492	$625	$540
45	11406	4,441	1,022	23.0%	$610	$600	$669	$662
156	11424	1,043	273	26.2%	$555	$500	$637	$630
113	11426	1,418	341	24.0%	$615	$680	$680	$702
1607	11440	3	3	100.0%	$225	$225	$225	$225
1608	11441	3	0	0.0%	$500	$750	$500	$583
172	11444	918	151	16.4%	$488	$331	$612	$484
125	11446	1,341	467	34.8%	$600	$650	$663	$689
518	11450	153	6	3.9%	$691	$729	$794	$795
1231	11451	13	1	7.7%	$684	$684	$675	$658
903	11462	38	1	2.6%	$640	$659	$736	$823
1704	11463	2	0	0.0%	$592	$592	$592	$592
929	11470	34	1	2.9%	$691	$732	$719	$721
1105	11471	20	4	20.0%	$682	$773	$660	$711
292	11604	442	218	49.3%	$535	$540	$592	$593
126	11606	1,333	550	41.3%	$635	$641	$693	$744
1705	11623	2	2	100.0%	$581	$581	$581	$581
486	11624	170	85	50.0%	$625	$591	$670	$659
325	11626	358	189	52.8%	$600	$650	$677	$703
1706	11640	2	1	50.0%	$850	$850	$850	$850
1811	11641	1	0	0.0%	$200	$200	$200	$200
197	11644	781	373	47.8%	$615	$525	$679	$622
108	11646	1,490	759	50.9%	$655	$709	$717	$770
208	11770	738	20	2.7%	$831	$808	$870	$849
304	11771	419	8	1.9%	$862	$874	$948	$968
510	11772	158	3	1.9%	$920	$920	$1,038	$1,022
404	11960	237	11	4.6%	$900	$977	$1,046	$1,051
414	11970	226	4	1.8%	$1,010	$896	$1,142	$1,135
493	11971	166	13	7.8%	$639	$775	$745	$759
1193	12005	15	4	26.7%	$897	$395	$913	$709
978	12006	29	9	31.0%	$542	$450	$528	$473

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1544	12007	4	2	50.0%	$514	$514	$725	$725
1812	12016	1	0	0.0%	$190	$190	$190	$190
1479	12017	5	2	40.0%	$356	$482	$483	$596
1428	12018	6	0	0.0%	$849	$849	$849	$849
784	12020	59	11	18.6%	$450	$312	$575	$466
1609	12021	3	1	33.3%	$587	$430	$587	$535
879	12034	43	9	20.9%	$585	$570	$663	$625
1038	12035	25	3	12.0%	$570	$550	$612	$582
1090	12036	21	10	47.6%	$600	$642	$656	$753
939	12037	33	7	21.2%	$719	$562	$779	$606
1216	12044	14	3	21.4%	$485	$575	$515	$598
1707	12045	2	0	0.0%	$1,150	$1,150	$1,150	$1,150
1813	12046	1	0	0.0%	$350	$350	$350	$350
1610	12047	3	2	66.7%	$750	$750	$757	$757
1155	12054	17	4	23.5%	$709	$767	$744	$786
1353	12055	8	2	25.0%	$942	$942	$936	$923
1252	12056	12	9	75.0%	$525	$356	$621	$467
1545	12057	4	1	25.0%	$900	$800	$900	$850
370	13100	287	41	14.3%	$628	$451	$648	$493
264	13101	511	154	30.1%	$597	$523	$680	$603
417	13120	223	39	17.5%	$773	$537	$712	$617
265	13121	511	173	33.9%	$675	$512	$738	$676
135	13131	1,211	120	9.9%	$644	$434	$693	$568
93	13132	1,698	679	40.0%	$676	$534	$776	$769
294	13150	435	47	10.8%	$588	$618	$671	$668
173	13151	912	133	14.6%	$575	$481	$681	$643
157	13152	1,034	463	44.8%	$682	$545	$789	$734
471	13160	181	30	16.6%	$643	$695	$723	$749
269	13300	486	106	21.8%	$807	$895	$864	$890
256	14000	530	66	12.5%	$655	$650	$742	$699
395	14001	245	59	24.1%	$710	$650	$784	$733
226	14020	664	188	28.3%	$709	$650	$763	$738
399	14021	240	75	31.3%	$839	$650	$882	$803
79	14040	2,264	463	20.5%	$680	$650	$765	$729
215	14041	715	386	54.0%	$763	$650	$877	$767
51	14060	3,679	1,698	46.2%	$722	$724	$809	$799
358	14061	302	169	56.0%	$833	$600	$941	$842
363	14300	297	95	32.0%	$933	$1,221	$1,005	$1,211
1171	14350	16	1	6.3%	$765	$1,210	$851	$1,047
124	15000	1,342	672	50.1%	$588	$555	$683	$697
670	15050	89	11	12.4%	$573	$560	$607	$600
171	15100	924	300	32.5%	$750	$750	$805	$806

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
990	15101	28	7	25.0%	$669	$550	$721	$641
409	15120	229	77	33.6%	$704	$683	$785	$747
1708	15121	2	1	50.0%	$1,103	$1,103	$1,103	$1,103
447	15200	198	51	25.8%	$714	$714	$811	$735
1814	15201	1	1	100.0%	$300	$300	$300	$300
391	15220	254	102	40.2%	$672	$670	$747	$729
1194	15221	15	5	33.3%	$435	$400	$531	$507
154	15240	1,071	380	35.5%	$825	$752	$881	$844
1049	15241	24	9	37.5%	$545	$1,392	$654	$1,041
87	15260	1,848	1,035	56.0%	$680	$639	$771	$749
1480	15261	5	2	40.0%	$493	$550	$531	$605
1611	15350	3	0	0.0%	$779	$735	$779	$764
1709	15400	2	1	50.0%	$698	$698	$698	$698
1429	15570	6	4	66.7%	$525	$650	$525	$608
1325	15572	9	7	77.8%	$728	$650	$729	$676
689	15574	82	34	41.5%	$702	$596	$771	$634
626	15576	101	78	77.2%	$839	$650	$866	$663
692	15580	80	5	6.3%	$819	$729	$918	$891
1117	15600	19	0	0.0%	$779	$803	$742	$776
1277	15610	11	4	36.4%	$708	$725	$896	$937
828	15620	51	22	43.1%	$842	$800	$881	$863
725	15625	72	2	2.8%	$780	$802	$746	$841
757	15630	64	34	53.1%	$691	$627	$758	$710
1326	15650	9	3	33.3%	$663	$663	$747	$766
862	15732	46	26	56.5%	$575	$650	$736	$646
1232	15734	13	1	7.7%	$906	$1,196	$989	$1,085
1546	15736	4	0	0.0%	$1,255	$1,255	$1,262	$1,262
979	15738	29	4	13.8%	$976	$281	$1,026	$574
773	15740	61	40	65.6%	$825	$1,120	$791	$1,034
1710	15750	2	0	0.0%	$709	$709	$709	$709
823	15755	52	10	19.2%	$672	$394	$664	$585
545	15760	140	30	21.4%	$650	$535	$758	$689
641	15770	97	11	11.3%	$675	$471	$755	$664
1253	15791	12	0	0.0%	$525	$525	$525	$525
1711	15822	2	2	100.0%	$2,100	$2,100	$2,100	$2,100
1075	15824	22	2	9.1%	$800	$800	$800	$800
1254	15840	12	2	16.7%	$900	$900	$1,200	$1,141
1815	15841	1	0	0.0%	$1,050	$1,050	$1,050	$1,050
1816	15842	1	1	100.0%	$900	$900	$900	$900
1612	15845	3	0	0.0%	$1,081	$1,162	$1,081	$1,108
1255	15931	12	5	41.7%	$769	$640	$769	$716
1613	15934	3	1	33.3%	$570	$570	$671	$671

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1817	15936	1	0	0.0%	$663	$663	$663	$663
1614	15940	3	0	0.0%	$405	$450	$405	$420
1818	15941	1	1	100.0%	$595	$595	$595	$595
1615	15944	3	1	33.3%	$635	$635	$517	$517
1819	15946	1	0	0.0%	$1,200	$1,200	$1,200	$1,200
1616	15950	3	1	33.3%	$600	$500	$600	$567
867	16015	45	4	8.9%	$791	$799	$755	$727
1547	16030	4	0	0.0%	$537	$537	$591	$577
1548	16035	4	0	0.0%	$630	$630	$635	$635
720	19020	73	15	20.5%	$575	$621	$652	$715
244	19100	600	69	11.5%	$731	$788	$784	$819
26	19101	8,757	1,327	15.2%	$784	$850	$850	$910
816	19110	53	7	13.2%	$782	$850	$832	$910
1118	19112	19	1	5.3%	$831	$850	$842	$846
9	19120	29,279	5,161	17.6%	$813	$795	$878	$873
176	19140	871	98	11.3%	$877	$874	$960	$968
138	19160	1,190	387	32.5%	$898	$1,100	$995	$1,173
562	19162	131	18	13.7%	$1,225	$1,225	$1,226	$1,280
431	19180	209	60	28.7%	$1,000	$1,425	$1,161	$1,776
429	19182	210	23	11.0%	$1,000	$900	$1,072	$985
675	19260	86	18	20.9%	$715	$730	$774	$757
1195	19316	15	0	0.0%	$847	$847	$847	$847
155	19318	1,067	10	0.9%	$1,250	$1,667	$1,514	$1,723
214	19328	716	12	1.7%	$701	$674	$846	$823
418	19330	221	8	3.6%	$607	$559	$748	$671
385	19340	260	2	0.8%	$815	$920	$922	$1,010
329	19342	354	15	4.2%	$906	$908	$1,008	$1,016
228	19350	655	18	2.7%	$850	$897	$962	$941
738	19357	69	2	2.9%	$1,000	$996	$1,258	$1,013
1233	19364	13	0	0.0%	$1,030	$869	$1,208	$1,064
539	19366	143	5	3.5%	$1,200	$1,358	$1,408	$1,686
200	19370	760	8	1.1%	$725	$800	$909	$891
193	19371	805	9	1.1%	$860	$928	$961	$998
313	19380	394	18	4.6%	$767	$781	$939	$896
1907	2	1	1	100.0%	$1,049	$1,049	$1,049	$1,049
803	20005	56	11	19.6%	$650	$520	$639	$620
627	20200	101	20	19.8%	$535	$630	$591	$590
411	20205	228	60	26.3%	$671	$614	$692	$666
1327	20206	9	1	11.1%	$544	$544	$616	$568
829	20220	51	9	17.6%	$560	$595	$617	$713
830	20225	51	30	58.8%	$550	$365	$564	$489
732	20240	70	23	32.9%	$616	$619	$616	$617

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
923	20245	35	16	45.7%	$697	$696	$743	$709
1712	20250	2	0	0.0%	$460	$460	$460	$460
1713	20251	2	2	100.0%	$568	$568	$568	$568
275	20525	471	60	12.7%	$672	$736	$751	$772
145	20650	1,145	165	14.4%	$630	$411	$773	$605
1820	20661	1	0	0.0%	$930	$930	$930	$930
1821	20665	1	0	0.0%	$732	$732	$732	$732
101	20670	1,590	72	4.5%	$642	$629	$677	$672
25	20680	8,835	1,019	11.5%	$741	$784	$790	$796
671	20690	88	7	8.0%	$833	$695	$1,432	$1,095
645	20900	96	14	14.6%	$803	$803	$876	$852
1091	20902	21	1	4.8%	$1,193	$1,300	$1,192	$1,403
653	20912	94	18	19.1%	$753	$1,000	$815	$932
1549	20920	4	1	25.0%	$650	$623	$974	$880
1390	20922	7	0	0.0%	$319	$160	$826	$708
1137	20924	18	0	0.0%	$850	$1,283	$788	$1,000
897	20926	39	0	0.0%	$650	$888	$768	$808
1138	20962	18	5	27.8%	$534	$110	$569	$261
1822	20970	1	1	100.0%	$3,445	$3,445	$3,445	$3,445
593	21010	113	2	1.8%	$960	$810	$980	$899
1010	21025	27	1	3.7%	$825	$1,048	$935	$1,133
1303	21026	10	0	0.0%	$754	$754	$1,005	$1,004
1256	21034	12	9	75.0%	$721	$573	$918	$716
452	21040	194	21	10.8%	$744	$770	$870	$944
559	21041	133	9	6.8%	$854	$900	$957	$977
1304	21044	10	4	40.0%	$525	$490	$784	$751
952	21050	32	12	37.5%	$613	$900	$638	$795
1328	21060	9	0	0.0%	$1,273	$1,375	$1,442	$1,405
1617	21070	3	0	0.0%	$447	$75	$447	$323
1430	21100	6	1	16.7%	$768	$533	$803	$660
1217	21206	14	0	0.0%	$963	$963	$1,299	$1,299
534	21208	146	3	2.1%	$628	$520	$805	$644
1391	21209	7	0	0.0%	$820	$820	$792	$792
840	21210	50	5	10.0%	$750	$1,065	$1,065	$1,031
1550	21215	4	0	0.0%	$1,841	$1,841	$1,606	$1,606
1257	21230	12	2	16.7%	$758	$758	$990	$1,002
555	21235	134	13	9.7%	$749	$771	$803	$896
841	21240	50	0	0.0%	$1,273	$1,368	$1,384	$1,458
1823	21243	1	0	0.0%	$1,389	$1,389	$1,389	$1,389
1329	21244	9	0	0.0%	$894	$894	$1,592	$2,129
1011	21245	27	3	11.1%	$1,145	$1,030	$1,207	$1,058
1234	21246	13	0	0.0%	$946	$450	$916	$716

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1278	21248	11	0	0.0%	$864	$1,150	$1,011	$1,118
1551	21249	4	0	0.0%	$1,265	$792	$1,020	$845
1714	21267	2	0	0.0%	$650	$650	$650	$650
712	21270	75	0	0.0%	$725	$750	$831	$853
1618	21275	3	0	0.0%	$1,078	$1,078	$1,078	$1,078
974	21280	30	17	56.7%	$700	$568	$1,140	$808
797	21282	57	28	49.1%	$988	$500	$952	$651
212	21310	720	10	1.4%	$733	$767	$799	$785
251	21315	551	9	1.6%	$656	$713	$719	$759
144	21320	1,148	48	4.2%	$647	$626	$704	$676
223	21325	678	10	1.5%	$915	$850	$965	$891
419	21330	221	7	3.2%	$984	$1,003	$1,069	$1,122
186	21335	843	32	3.8%	$998	$1,190	$1,116	$1,218
253	21337	544	2	0.4%	$806	$878	$869	$874
909	21338	37	0	0.0%	$866	$1,228	$1,090	$1,446
1481	21339	5	0	0.0%	$650	$650	$943	$943
1482	21340	5	0	0.0%	$570	$1,463	$809	$1,071
1483	21343	5	0	0.0%	$950	$950	$860	$860
980	21355	29	0	0.0%	$744	$835	$705	$766
592	21360	114	7	6.1%	$807	$815	$877	$900
679	21365	85	3	3.5%	$855	$833	$1,120	$1,124
885	21385	41	1	2.4%	$853	$742	$1,090	$906
1196	21386	15	0	0.0%	$797	$800	$823	$879
1484	21387	5	0	0.0%	$1,290	$1,290	$1,472	$1,472
764	21390	62	6	9.7%	$1,029	$972	$1,097	$1,037
1715	21395	2	1	50.0%	$1,650	$1,650	$1,650	$1,650
1619	21400	3	0	0.0%	$1,361	$562	$1,361	$1,095
1824	21401	1	0	0.0%	$776	$776	$776	$776
1330	21406	9	0	0.0%	$1,077	$1,194	$1,159	$1,163
1552	21407	4	0	0.0%	$1,300	$1,227	$1,300	$1,264
1716	21421	2	0	0.0%	$1,316	$1,316	$1,316	$1,316
1620	21422	3	0	0.0%	$850	$850	$1,228	$1,228
1717	21440	2	0	0.0%	$669	$669	$669	$669
1431	21450	6	0	0.0%	$550	$716	$728	$798
991	21451	28	0	0.0%	$848	$847	$1,138	$1,094
1825	21452	1	0	0.0%	$1,292	$1,292	$1,292	$1,292
1826	21454	1	0	0.0%	$3,716	$3,716	$3,716	$3,716
761	21455	63	0	0.0%	$924	$1,009	$918	$901
1197	21462	15	0	0.0%	$935	$788	$1,037	$823
1218	21470	14	0	0.0%	$1,074	$1,133	$1,071	$1,091
1718	21480	2	0	0.0%	$848	$848	$848	$848
1156	21485	17	1	5.9%	$475	$1,791	$872	$1,629

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1827	21497	1	0	0.0%	$1,277	$1,277	$1,277	$1,277
910	21501	37	3	8.1%	$650	$640	$722	$676
1828	21502	1	0	0.0%	$646	$646	$646	$646
608	21550	109	18	16.5%	$651	$672	$705	$676
216	21555	707	127	18.0%	$737	$684	$800	$803
295	21556	435	86	19.8%	$744	$790	$811	$870
1392	21600	7	2	28.6%	$710	$650	$690	$658
1485	21620	5	0	0.0%	$850	$850	$836	$836
1829	21720	1	0	0.0%	$1,122	$1,122	$1,122	$1,122
1830	21820	1	0	0.0%	$797	$797	$797	$797
964	21920	31	2	6.5%	$642	$642	$630	$652
1076	21925	22	3	13.6%	$770	$793	$893	$938
323	21930	366	19	5.2%	$714	$600	$787	$707
1354	21935	8	4	50.0%	$598	$590	$621	$617
82	22505	2,174	25	1.1%	$750	$900	$867	$782
469	22900	183	39	21.3%	$740	$694	$822	$852
1172	23000	16	0	0.0%	$930	$577	$1,143	$938
1219	23020	14	1	7.1%	$722	$722	$733	$701
1173	23030	16	4	25.0%	$768	$740	$955	$905
1719	23035	2	0	0.0%	$856	$856	$856	$856
1553	23040	4	1	25.0%	$1,116	$1,116	$1,299	$1,299
1039	23044	25	1	4.0%	$1,020	$1,094	$1,114	$1,140
1050	23065	24	0	0.0%	$483	$472	$536	$520
733	23066	70	27	38.6%	$784	$777	$773	$811
479	23075	176	12	6.8%	$582	$577	$685	$654
523	23076	152	39	25.7%	$662	$805	$739	$789
1621	23077	3	0	0.0%	$808	$1,039	$808	$885
992	23100	28	1	3.6%	$1,102	$1,403	$1,102	$1,381
831	23101	51	11	21.6%	$1,050	$1,200	$1,192	$1,181
1554	23105	4	1	25.0%	$1,359	$1,359	$1,570	$1,570
1486	23106	5	0	0.0%	$642	$900	$642	$797
1235	23107	13	0	0.0%	$2,093	$1,935	$1,880	$1,694
317	23120	377	3	0.8%	$943	$1,012	$1,204	$1,164
1487	23125	5	0	0.0%	$669	$650	$623	$572
262	23130	516	78	15.1%	$1,038	$1,075	$1,157	$1,290
704	23140	77	8	10.4%	$813	$758	$832	$838
1622	23145	3	0	0.0%	$573	$573	$540	$540
1258	23150	12	1	8.3%	$1,037	$1,156	$970	$1,093
1831	23170	1	0	0.0%	$1,530	$1,530	$1,530	$1,530
1832	23172	1	0	0.0%	$444	$444	$444	$444
1833	23174	1	0	0.0%	$890	$890	$890	$890
746	23180	67	5	7.5%	$895	$995	$1,023	$1,157

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1331	23182	9	0	0.0%	$1,016	$856	$1,031	$989
1623	23184	3	0	0.0%	$1,635	$900	$1,635	$1,390
1355	23190	8	0	0.0%	$1,520	$1,458	$1,693	$1,634
1834	23220	1	0	0.0%	$750	$750	$750	$750
1720	23330	2	0	0.0%	$408	$408	$408	$408
1393	23331	7	3	42.9%	$600	$625	$674	$667
1835	23400	1	0	0.0%	$407	$407	$407	$407
1721	23405	2	1	50.0%	$1,114	$1,114	$1,114	$1,114
455	23410	193	13	6.7%	$1,254	$2,000	$1,398	$1,640
940	23412	33	1	3.0%	$1,023	$1,615	$1,404	$1,376
423	23415	216	7	3.2%	$1,190	$1,192	$1,390	$1,325
285	23420	447	31	6.9%	$1,404	$1,456	$1,480	$1,546
965	23430	31	1	3.2%	$1,042	$1,365	$1,256	$1,564
1836	23440	1	0	0.0%	$544	$544	$544	$544
758	23450	64	0	0.0%	$1,325	$1,957	$1,405	$1,634
392	23455	251	3	1.2%	$2,000	$1,881	$1,932	$1,903
1488	23460	5	0	0.0%	$1,183	$1,183	$1,183	$1,183
1489	23462	5	0	0.0%	$2,000	$2,000	$2,043	$2,026
1432	23465	6	0	0.0%	$2,175	$1,805	$2,032	$1,932
886	23466	41	0	0.0%	$1,350	$2,190	$1,484	$1,908
1332	23480	9	0	0.0%	$1,125	$1,230	$978	$1,112
1722	23485	2	0	0.0%	$1,230	$1,230	$1,230	$1,230
1723	23500	2	0	0.0%	$946	$946	$946	$946
1724	23510	2	0	0.0%	$1,205	$1,205	$1,205	$1,205
1119	23515	19	0	0.0%	$854	$813	$1,092	$1,002
1394	23525	7	0	0.0%	$350	$350	$851	$565
1725	23540	2	0	0.0%	$950	$950	$950	$950
832	23550	51	5	9.8%	$1,600	$1,570	$1,631	$1,594
1837	23600	1	0	0.0%	$711	$711	$711	$711
1726	23605	2	1	50.0%	$1,168	$1,168	$1,168	$1,168
1624	23615	3	1	33.3%	$994	$994	$1,115	$1,115
1838	23625	1	0	0.0%	$313	$313	$313	$313
1727	23630	2	0	0.0%	$848	$848	$848	$848
1839	23650	1	0	0.0%	$619	$619	$619	$619
666	23655	91	12	13.2%	$528	$504	$727	$843
1840	23658	1	0	0.0%	$775	$775	$775	$775
1356	23660	8	0	0.0%	$1,478	$1,880	$1,483	$1,641
1625	23665	3	1	33.3%	$675	$675	$709	$709
1841	23675	1	0	0.0%	$737	$737	$737	$737
1842	23680	1	0	0.0%	$359	$359	$359	$359
160	23700	1,023	132	12.9%	$600	$575	$691	$656
1843	23800	1	0	0.0%	$738	$738	$738	$738

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1331	23182	9	0	0.0%	$1,016	$856	$1,031	$989
1623	23184	3	0	0.0%	$1,635	$900	$1,635	$1,390
1355	23190	8	0	0.0%	$1,520	$1,458	$1,693	$1,634
1834	23220	1	0	0.0%	$750	$750	$750	$750
1720	23330	2	0	0.0%	$408	$408	$408	$408
1393	23331	7	3	42.9%	$600	$625	$674	$667
1835	23400	1	0	0.0%	$407	$407	$407	$407
1721	23405	2	1	50.0%	$1,114	$1,114	$1,114	$1,114
455	23410	193	13	6.7%	$1,254	$2,000	$1,398	$1,640
940	23412	33	1	3.0%	$1,023	$1,615	$1,404	$1,376
423	23415	216	7	3.2%	$1,190	$1,192	$1,390	$1,325
285	23420	447	31	6.9%	$1,404	$1,456	$1,480	$1,546
965	23430	31	1	3.2%	$1,042	$1,365	$1,256	$1,564
1836	23440	1	0	0.0%	$544	$544	$544	$544
758	23450	64	0	0.0%	$1,325	$1,957	$1,405	$1,634
392	23455	251	3	1.2%	$2,000	$1,881	$1,932	$1,903
1488	23460	5	0	0.0%	$1,183	$1,183	$1,183	$1,183
1489	23462	5	0	0.0%	$2,000	$2,000	$2,043	$2,026
1432	23465	6	0	0.0%	$2,175	$1,805	$2,032	$1,932
886	23466	41	0	0.0%	$1,350	$2,190	$1,484	$1,908
1332	23480	9	0	0.0%	$1,125	$1,230	$978	$1,112
1722	23485	2	0	0.0%	$1,230	$1,230	$1,230	$1,230
1723	23500	2	0	0.0%	$946	$946	$946	$946
1724	23510	2	0	0.0%	$1,205	$1,205	$1,205	$1,205
1119	23515	19	0	0.0%	$854	$813	$1,092	$1,002
1394	23525	7	0	0.0%	$350	$350	$851	$565
1725	23540	2	0	0.0%	$950	$950	$950	$950
832	23550	51	5	9.8%	$1,600	$1,570	$1,631	$1,594
1837	23600	1	0	0.0%	$711	$711	$711	$711
1726	23605	2	1	50.0%	$1,168	$1,168	$1,168	$1,168
1624	23615	3	1	33.3%	$994	$994	$1,115	$1,115
1838	23625	1	0	0.0%	$313	$313	$313	$313
1727	23630	2	0	0.0%	$848	$848	$848	$848
1839	23650	1	0	0.0%	$619	$619	$619	$619
666	23655	91	12	13.2%	$528	$504	$727	$843
1840	23658	1	0	0.0%	$775	$775	$775	$775
1356	23660	8	0	0.0%	$1,478	$1,880	$1,483	$1,641
1625	23665	3	1	33.3%	$675	$675	$709	$709
1841	23675	1	0	0.0%	$737	$737	$737	$737
1842	23680	1	0	0.0%	$359	$359	$359	$359
160	23700	1,023	132	12.9%	$600	$575	$691	$656
1843	23800	1	0	0.0%	$738	$738	$738	$738

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1220	23930	14	7	50.0%	$575	$528	$541	$527
1433	23931	6	1	16.7%	$672	$672	$794	$794
1626	23935	3	0	0.0%	$709	$618	$709	$679
833	24000	51	4	7.8%	$1,000	$920	$1,118	$1,090
953	24065	32	0	0.0%	$540	$545	$863	$812
1022	24066	26	2	7.7%	$675	$675	$793	$783
402	24075	238	53	22.3%	$603	$610	$669	$650
508	24076	159	29	18.2%	$735	$834	$812	$877
1395	24077	7	3	42.9%	$690	$635	$880	$840
1728	24100	2	0	0.0%	$1,475	$1,475	$1,475	$1,475
528	24101	151	11	7.3%	$985	$975	$1,043	$1,050
915	24102	36	6	16.7%	$856	$1,022	$929	$1,116
191	24105	817	232	28.4%	$836	$850	$910	$891
1051	24110	24	2	8.3%	$900	$900	$918	$877
1844	24115	1	0	0.0%	$2,330	$2,330	$2,330	$2,330
658	24120	93	14	15.1%	$915	$981	$1,026	$999
1627	24125	3	1	33.3%	$1,633	$1,901	$1,633	$1,722
765	24130	62	6	9.7%	$903	$908	$1,003	$1,051
1845	24136	1	0	0.0%	$1,033	$1,033	$1,033	$1,033
1628	24138	3	0	0.0%	$682	$682	$679	$679
1139	24140	18	2	11.1%	$903	$856	$1,143	$1,064
1092	24145	21	1	4.8%	$750	$600	$852	$776
834	24147	51	4	7.8%	$905	$935	$982	$1,023
1729	24152	2	0	0.0%	$1,000	$1,000	$1,000	$1,000
1490	24155	5	0	0.0%	$1,230	$1,427	$1,225	$1,265
1333	24160	9	4	44.4%	$877	$801	$756	$730
1730	24164	2	0	0.0%	$838	$838	$838	$838
1064	24201	23	1	4.3%	$617	$633	$808	$783
954	24301	32	3	9.4%	$697	$1,052	$788	$979
1093	24310	21	0	0.0%	$802	$950	$887	$916
1434	24320	6	1	16.7%	$1,253	$1,253	$1,479	$1,479
1555	24330	4	1	25.0%	$600	$600	$600	$600
1731	24331	2	1	50.0%	$546	$546	$546	$546
993	24340	28	0	0.0%	$900	$896	$972	$971
1106	24342	20	0	0.0%	$1,123	$1,123	$1,280	$1,426
168	24350	959	22	2.3%	$868	$891	$967	$970
430	24351	210	3	1.4%	$970	$906	$1,039	$1,016
924	24352	35	3	8.6%	$825	$810	$920	$925
1279	24354	11	1	9.1%	$959	$850	$1,052	$1,010
415	24356	225	9	4.0%	$844	$750	$872	$702
1357	24360	8	1	12.5%	$1,050	$1,000	$1,474	$1,343
1396	24365	7	1	14.3%	$1,320	$1,550	$1,824	$1,879

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1629	24366	3	1	33.3%	$895	$895	$850	$850
1630	24400	3	0	0.0%	$1,429	$1,429	$1,438	$1,438
1631	24410	3	0	0.0%	$837	$837	$837	$837
1732	24420	2	0	0.0%	$362	$362	$362	$362
1846	24430	1	1	100.0%	$1,064	$1,064	$1,064	$1,064
1733	24435	2	0	0.0%	$1,639	$1,639	$1,639	$1,639
1847	24470	1	0	0.0%	$586	$586	$586	$586
1556	24495	4	0	0.0%	$746	$1,295	$1,055	$1,252
1848	24500	1	0	0.0%	$750	$750	$750	$750
1557	24505	4	1	25.0%	$783	$783	$876	$876
1849	24506	1	0	0.0%	$575	$575	$575	$575
941	24510	33	1	3.0%	$1,380	$1,380	$1,380	$1,380
1305	24515	10	3	30.0%	$1,145	$1,445	$1,381	$1,425
1850	24531	1	0	0.0%	$600	$600	$600	$600
1632	24535	3	0	0.0%	$793	$793	$828	$828
1397	24538	7	1	14.3%	$1,081	$1,798	$1,193	$1,539
1491	24545	5	0	0.0%	$1,000	$1,000	$1,098	$1,098
1734	24565	2	0	0.0%	$798	$798	$798	$798
1735	24570	2	0	0.0%	$683	$683	$683	$683
1259	24575	12	1	8.3%	$1,135	$1,054	$1,077	$1,068
1851	24576	1	0	0.0%	$413	$413	$413	$413
1736	24578	2	0	0.0%	$816	$816	$816	$816
1334	24579	9	0	0.0%	$975	$975	$1,145	$1,129
1558	24580	4	0	0.0%	$699	$699	$758	$758
1435	24581	6	1	16.7%	$500	$496	$550	$540
1633	24583	3	0	0.0%	$528	$532	$528	$529
1040	24585	25	1	4.0%	$937	$1,075	$1,074	$1,153
1737	24587	2	0	0.0%	$1,048	$1,048	$1,048	$1,048
1358	24605	8	1	12.5%	$650	$532	$554	$521
1738	24615	2	1	50.0%	$730	$730	$730	$730
1852	24620	1	0	0.0%	$419	$419	$419	$419
1853	24635	1	0	0.0%	$740	$740	$740	$740
1492	24655	5	0	0.0%	$567	$534	$568	$561
966	24665	31	3	9.7%	$900	$921	$1,063	$1,003
1739	24666	2	0	0.0%	$1,110	$1,110	$1,110	$1,110
1740	24675	2	0	0.0%	$950	$950	$950	$950
1741	24680	2	2	100.0%	$915	$915	$915	$915
1077	24685	22	4	18.2%	$925	$975	$1,027	$1,072
1854	24800	1	0	0.0%	$900	$900	$900	$900
1855	24925	1	.	0.0%	$500	$500	$500	$500
105	25000	1,510	143	9.5%	$811	$832	$895	$909
319	25005	374	35	9.4%	$784	$850	$852	$988

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
916	25020	36	2	5.6%	$836	$973	$1,047	$1,111
791	25023	58	2	3.4%	$700	$675	$887	$701
1140	25028	18	3	16.7%	$545	$494	$909	$858
1742	25035	2	0	0.0%	$1,403	$1,403	$1,403	$1,403
752	25040	66	1	1.5%	$966	$1,082	$955	$1,059
1012	25065	27	3	11.1%	$544	$545	$536	$570
798	25066	57	14	24.6%	$703	$729	$787	$807
445	25075	199	18	9.0%	$647	$600	$737	$663
465	25076	186	41	22.0%	$800	$800	$861	$916
1359	25077	8	1	12.5%	$700	$745	$775	$786
1120	25085	19	0	0.0%	$900	$856	$876	$803
1221	25100	14	1	7.1%	$743	$743	$795	$790
512	25101	156	21	13.5%	$903	$1,020	$1,048	$1,134
583	25105	119	12	10.1%	$802	$847	$937	$941
1065	25107	23	3	13.0%	$1,023	$1,000	$1,066	$1,012
500	25110	164	28	17.1%	$680	$665	$747	$704
37	25111	6,289	384	6.1%	$843	$822	$896	$868
398	25112	242	19	7.9%	$825	$792	$887	$860
254	25115	539	71	13.2%	$751	$570	$863	$701
632	25116	99	23	23.2%	$818	$775	$987	$911
352	25118	311	23	7.4%	$775	$793	$826	$798
1066	25119	23	2	8.7%	$974	$629	$983	$829
930	25120	34	4	11.8%	$800	$962	$897	$912
1493	25125	5	0	0.0%	$953	$1,050	$1,032	$1,098
766	25130	62	8	12.9%	$740	$670	$774	$686
994	25135	28	0	0.0%	$1,274	$856	$1,570	$1,123
1634	25145	3	0	0.0%	$667	$667	$669	$669
995	25150	28	3	10.7%	$810	$795	$854	$854
1306	25151	10	0	0.0%	$597	$597	$691	$697
1743	25170	2	.	0.0%	$852	$852	$852	$852
509	25210	159	27	17.0%	$921	$740	$954	$860
911	25215	37	4	10.8%	$1,365	$568	$1,503	$861
676	25230	86	6	7.0%	$890	$775	$965	$764
440	25240	202	44	21.8%	$888	$828	$1,039	$894
747	25248	67	4	6.0%	$695	$700	$782	$740
1335	25250	9	0	0.0%	$916	$941	$911	$961
1856	25251	1	0	0.0%	$795	$795	$795	$795
551	25260	137	6	4.4%	$845	$856	$913	$880
1494	25263	5	0	0.0%	$725	$877	$989	$1,188
1559	25265	4	1	25.0%	$770	$770	$822	$809
410	25270	229	8	3.5%	$835	$1,028	$943	$1,057
1280	25272	11	3	27.3%	$830	$585	$902	$798

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
967	25274	31	6	19.4%	$873	$1,100	$905	$1,042
904	25280	38	9	23.7%	$713	$635	$811	$687
785	25290	59	3	5.1%	$763	$700	$939	$944
531	25295	149	6	4.0%	$802	$820	$840	$863
1307	25300	10	1	10.0%	$736	$720	$925	$829
1495	25301	5	0	0.0%	$828	$828	$940	$940
494	25310	166	31	18.7%	$871	$737	$906	$786
1141	25312	18	6	33.3%	$911	$911	$874	$866
1857	25315	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1858	25317	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
529	25320	150	14	9.3%	$881	$1,078	$949	$1,000
857	25330	47	1	2.1%	$1,365	$1,365	$1,540	$1,591
1174	25331	16	1	6.3%	$1,765	$1,765	$1,804	$1,651
1859	25332	1	0	0.0%	$2,470	$2,470	$2,470	$2,470
1121	25350	19	0	0.0%	$1,145	$1,365	$1,394	$1,377
1860	25355	1	0	0.0%	$950	$950	$950	$950
1157	25360	17	0	0.0%	$900	$1,365	$959	$1,170
1744	25365	2	0	0.0%	$1,454	$1,454	$1,454	$1,454
1861	25375	1	0	0.0%	$895	$895	$895	$895
870	25390	44	1	2.3%	$1,050	$1,104	$1,198	$1,205
1635	25391	3	1	33.3%	$2,205	$2,205	$1,880	$1,880
1023	25400	26	1	3.8%	$872	$870	$986	$889
1222	25405	14	1	7.1%	$1,100	$1,100	$1,224	$1,162
1636	25420	3	3	100.0%	$850	$850	$850	$850
1862	25425	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1745	25426	2	0	0.0%	$1,300	$1,300	$1,300	$1,300
682	25440	84	0	0.0%	$1,200	$1,365	$1,369	$1,400
1223	25442	14	2	14.3%	$1,050	$865	$1,109	$1,019
1281	25443	11	0	0.0%	$1,050	$1,045	$1,024	$965
1560	25444	4	0	0.0%	$3,260	$3,556	$2,768	$3,039
713	25445	75	15	20.0%	$993	$1,100	$1,152	$1,027
1863	25446	1	.	0.0%	$1,272	$1,272	$1,272	$1,272
483	25447	172	13	7.6%	$994	$896	$1,108	$1,024
1561	25449	4	1	25.0%	$740	$740	$855	$855
1562	25450	4	2	50.0%	$841	$824	$886	$866
1637	25455	3	3	100.0%	$920	$920	$920	$920
809	25505	55	5	9.1%	$686	$700	$772	$815
1864	25510	1	0	0.0%	$1,457	$1,457	$1,457	$1,457
854	25515	48	3	6.3%	$963	$845	$1,156	$1,060
1282	25535	11	0	0.0%	$600	$600	$794	$794
1865	25540	1	0	0.0%	$1,050	$1,050	$1,050	$1,050
1122	25545	19	0	0.0%	$985	$924	$1,192	$1,095

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
633	25565	99	7	7.1%	$762	$795	$874	$905
1436	25570	6	0	0.0%	$794	$440	$794	$676
871	25575	44	1	2.3%	$1,149	$1,149	$1,326	$1,220
407	25605	231	37	16.0%	$732	$795	$850	$861
690	25610	82	10	12.2%	$688	$719	$798	$786
441	25611	202	59	29.2%	$950	$1,018	$1,179	$1,211
1496	25615	5	2	40.0%	$850	$850	$829	$838
453	25620	194	41	21.1%	$1,085	$1,225	$1,308	$1,448
1746	25626	2	0	0.0%	$593	$593	$593	$593
774	25628	61	1	1.6%	$1,023	$1,298	$1,212	$1,288
1563	25635	4	.	0.0%	$592	$592	$592	$592
1866	25640	1	0	0.0%	$700	$700	$700	$700
1041	25645	25	0	0.0%	$769	$1,344	$929	$1,112
1564	25660	4	0	0.0%	$428	$428	$447	$442
1867	25665	1	0	0.0%	$1,460	$1,460	$1,460	$1,460
1052	25670	24	2	8.3%	$803	$403	$1,255	$715
1398	25675	7	0	0.0%	$625	$619	$637	$607
1747	25676	2	0	0.0%	$875	$875	$875	$875
1336	25680	9	1	11.1%	$650	$595	$753	$689
1868	25685	1	0	0.0%	$1,885	$1,885	$1,885	$1,885
1638	25690	3	1	33.3%	$685	$685	$650	$650
1869	25695	1	1	100.0%	$1,050	$1,050	$1,050	$1,050
739	25800	69	14	20.3%	$1,189	$1,365	$1,272	$1,162
1565	25805	4	1	25.0%	$1,114	$1,114	$1,203	$1,203
775	25810	61	3	4.9%	$1,593	$1,486	$1,626	$1,522
1337	25820	9	1	11.1%	$1,140	$1,365	$1,259	$1,294
659	25825	93	3	3.2%	$1,300	$729	$1,468	$930
1870	25907	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1639	25929	3	0	0.0%	$700	$700	$785	$785
628	26011	101	7	6.9%	$557	$950	$638	$839
1013	26020	27	5	18.5%	$568	$480	$662	$596
1360	26025	8	1	12.5%	$700	$822	$790	$809
1497	26030	5	1	20.0%	$686	$585	$688	$647
1078	26034	22	4	18.2%	$655	$655	$788	$769
955	26035	32	4	12.5%	$799	$703	$840	$793
824	26037	52	21	40.4%	$1,050	$1,024	$1,167	$1,032
201	26040	757	278	36.7%	$920	$898	$1,001	$975
293	26045	442	179	40.5%	$832	$900	$958	$998
34	26055	6,739	1,846	27.4%	$737	$733	$796	$774
804	26060	56	11	19.6%	$609	$612	$631	$641
533	26070	148	10	6.8%	$795	$856	$824	$873
579	26075	124	9	7.3%	$749	$800	$790	$782

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
524	26080	152	16	10.5%	$797	$748	$793	$726
1142	26100	18	1	5.6%	$878	$913	$769	$805
1067	26105	23	6	26.1%	$720	$985	$828	$875
748	26110	67	14	20.9%	$672	$560	$652	$566
114	26115	1,413	231	16.3%	$684	$703	$749	$757
227	26116	662	113	17.1%	$769	$768	$822	$809
1158	26117	17	1	5.9%	$702	$650	$752	$705
242	26121	602	228	37.9%	$806	$753	$948	$932
273	26123	476	176	37.0%	$895	$920	$1,008	$1,013
406	26125	236	129	54.7%	$790	$780	$882	$812
776	26130	61	6	9.8%	$850	$795	$867	$768
622	26135	103	38	36.9%	$787	$720	$896	$757
506	26140	160	34	21.3%	$780	$672	$803	$700
221	26145	684	171	25.0%	$756	$725	$809	$741
57	26160	3,366	579	17.2%	$738	$758	$805	$811
1094	26170	21	2	9.5%	$707	$824	$760	$813
917	26180	36	6	16.7%	$790	$900	$782	$818
554	26200	135	18	13.3%	$750	$876	$752	$878
1437	26205	6	0	0.0%	$1,246	$1,246	$1,290	$1,290
310	26210	401	50	12.5%	$696	$727	$751	$749
892	26215	40	2	5.0%	$912	$910	$1,065	$1,021
734	26230	70	6	8.6%	$698	$681	$756	$730
792	26235	58	11	19.0%	$708	$708	$771	$756
793	26236	58	2	3.4%	$695	$693	$693	$692
1283	26250	11	1	9.1%	$997	$994	$1,018	$986
1748	26255	2	1	50.0%	$970	$970	$970	$970
442	26260	202	2	1.0%	$875	$950	$760	$946
1361	26261	8	0	0.0%	$1,200	$948	$1,277	$1,056
1640	26262	3	0	0.0%	$928	$780	$928	$878
537	26320	144	13	9.0%	$734	$732	$795	$695
230	26350	646	23	3.6%	$905	$907	$1,007	$983
1159	26352	17	1	5.9%	$1,050	$1,050	$1,154	$1,154
328	26356	355	13	3.7%	$850	$856	$946	$931
1224	26357	14	0	0.0%	$750	$795	$757	$773
1399	26358	7	0	0.0%	$1,014	$1,177	$1,071	$1,086
489	26370	169	5	3.0%	$868	$813	$922	$910
1400	26372	7	0	0.0%	$714	$714	$733	$733
1871	26373	1	0	0.0%	$423	$423	$423	$423
898	26390	39	4	10.3%	$969	$856	$987	$978
1053	26392	24	2	8.3%	$1,100	$1,177	$1,199	$1,209
377	26410	275	27	9.8%	$797	$758	$875	$802
1401	26412	7	0	0.0%	$888	$980	$856	$929

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1641	26415	3	0	0.0%	$544	$338	$544	$475
196	26418	787	49	6.2%	$854	$810	$923	$856
880	26420	43	6	14.0%	$920	$1,105	$947	$998
667	26426	91	7	7.7%	$863	$875	$967	$958
1198	26428	15	2	13.3%	$1,295	$1,144	$1,377	$1,251
571	26432	127	10	7.9%	$848	$840	$912	$848
548	26433	138	9	6.5%	$813	$750	$876	$843
1260	26434	12	1	8.3%	$921	$795	$963	$854
905	26437	38	3	7.9%	$973	$731	$938	$825
250	26440	552	50	9.1%	$800	$825	$823	$812
721	26442	73	9	12.3%	$750	$920	$872	$895
272	26445	477	34	7.1%	$800	$650	$844	$696
714	26449	75	8	10.7%	$848	$932	$879	$903
1362	26450	8	3	37.5%	$780	$865	$817	$834
780	26455	60	14	23.3%	$800	$676	$915	$743
858	26460	47	7	14.9%	$600	$650	$625	$620
696	26471	78	13	16.7%	$700	$452	$832	$567
1338	26474	9	1	11.1%	$657	$713	$810	$799
1308	26476	10	1	10.0%	$782	$782	$835	$830
1079	26477	22	3	13.6%	$870	$1,058	$791	$874
1438	26478	6	0	0.0%	$790	$840	$733	$781
1642	26479	3	0	0.0%	$1,018	$1,177	$1,018	$1,071
660	26480	93	26	28.0%	$1,064	$1,072	$1,115	$1,279
1261	26483	12	0	0.0%	$1,107	$1,107	$1,109	$1,109
810	26485	55	11	20.0%	$810	$515	$836	$699
1439	26489	6	1	16.7%	$1,050	$1,365	$1,122	$1,243
817	26490	53	9	17.0%	$1,053	$588	$1,108	$866
1566	26492	4	0	0.0%	$917	$917	$962	$962
1749	26494	2	0	0.0%	$878	$878	$878	$878
1498	26496	5	1	20.0%	$575	$575	$779	$697
968	26497	31	3	9.7%	$980	$1,053	$987	$1,032
1750	26498	2	0	0.0%	$1,365	$1,365	$1,365	$1,365
1643	26499	3	0	0.0%	$923	$550	$923	$798
825	26500	52	6	11.5%	$745	$733	$903	$890
981	26502	29	4	13.8%	$970	$507	$1,223	$837
1160	26504	17	0	0.0%	$1,365	$1,794	$1,460	$1,687
1095	26508	21	3	14.3%	$725	$1,000	$944	$1,059
1499	26510	5	0	0.0%	$964	$868	$1,069	$1,028
1024	26516	26	2	7.7%	$743	$740	$853	$813
1751	26518	2	1	50.0%	$870	$870	$870	$870
393	26520	250	30	12.0%	$728	$823	$789	$805
368	26525	290	27	9.3%	$671	$518	$787	$671

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535	26527	145	25	17.2%	$896	$732	$977	$845
288	26530	443	61	13.8%	$863	$780	$945	$752
375	26531	277	93	33.6%	$1,197	$979	$1,332	$1,145
151	26535	1,086	238	21.9%	$900	$686	$1,011	$803
432	26536	209	67	32.1%	$1,050	$1,200	$1,078	$1,094
282	26540	454	19	4.2%	$964	$1,002	$1,033	$1,062
912	26541	37	0	0.0%	$1,117	$1,168	$1,267	$1,241
1199	26542	15	1	6.7%	$1,157	$1,063	$1,221	$1,178
573	26545	126	11	8.7%	$850	$730	$980	$917
697	26548	78	1	1.3%	$845	$840	$945	$949
1752	26550	2	0	0.0%	$833	$833	$833	$833
1200	26555	15	6	40.0%	$1,033	$975	$1,072	$1,027
887	26560	41	1	2.4%	$728	$730	$880	$848
1014	26561	27	2	7.4%	$1,098	$1,050	$1,246	$1,235
1872	26562	1	0	0.0%	$950	$950	$950	$950
680	26565	85	9	10.6%	$895	$775	$952	$809
620	26567	104	4	3.8%	$868	$574	$902	$727
1339	26568	9	0	0.0%	$920	$920	$1,098	$1,149
1873	26580	1	0	0.0%	$1,365	$1,365	$1,365	$1,365
1340	26585	9	1	11.1%	$815	$1,000	$684	$859
1874	26590	1	0	0.0%	$1,028	$1,028	$1,028	$1,028
956	26591	32	1	3.1%	$917	$640	$969	$736
683	26593	84	13	15.5%	$777	$592	$822	$613
1875	26596	1	0	0.0%	$2,455	$2,455	$2,455	$2,455
716	26597	74	1	1.4%	$755	$841	$826	$835
868	26605	45	2	4.4%	$675	$698	$738	$745
576	26607	125	5	4.0%	$728	$776	$757	$815
1201	26610	15	1	6.7%	$1,033	$1,033	$997	$1,069
224	26615	671	9	1.3%	$1,000	$1,000	$1,072	$1,077
1363	26645	8	0	0.0%	$700	$700	$767	$767
942	26650	33	2	6.1%	$997	$1,096	$1,118	$1,214
1644	26655	3	0	0.0%	$1,090	$1,090	$1,008	$1,008
1309	26660	10	0	0.0%	$803	$803	$743	$743
756	26665	65	3	4.6%	$900	$920	$987	$943
1500	26675	5	1	20.0%	$910	$910	$797	$797
1025	26676	26	1	3.8%	$875	$888	$829	$815
1080	26685	22	5	22.7%	$870	$740	$926	$798
1402	26686	7	0	0.0%	$608	$423	$722	$587
1175	26705	16	3	18.8%	$697	$696	$623	$635
863	26706	46	2	4.3%	$773	$856	$830	$898
1567	26710	4	1	25.0%	$1,385	$2,145	$1,385	$1,765
996	26715	28	1	3.6%	$1,091	$867	$1,060	$1,016

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
634	26727	99	3	3.0%	$900	$900	$1,036	$1,032
1107	26730	20	0	0.0%	$723	$825	$847	$861
207	26735	742	29	3.9%	$950	$950	$1,057	$1,094
1284	26742	11	2	18.2%	$936	$950	$888	$894
1236	26744	13	0	0.0%	$1,096	$1,050	$1,180	$1,173
495	26746	166	4	2.4%	$947	$900	$1,037	$931
546	26756	140	3	2.1%	$900	$800	$1,001	$396
487	26765	170	5	2.9%	$800	$750	$900	$820
1068	26776	23	0	0.0%	$984	$900	$983	$990
1501	26780	5	1	20.0%	$800	$800	$924	$924
1054	26785	24	2	8.3%	$815	$815	$942	$941
957	26820	32	4	12.5%	$963	$1,012	$929	$959
654	26841	94	24	25.5%	$952	$867	$1,042	$1,026
1237	26842	13	2	15.4%	$1,091	$1,091	$1,353	$1,296
685	26843	83	7	8.4%	$918	$1,300	$918	$1,175
1262	26844	12	4	33.3%	$861	$861	$904	$877
341	26850	333	21	6.3%	$875	$600	$1,054	$708
931	26852	34	0	0.0%	$1,008	$1,100	$1,021	$1,107
246	26860	586	172	29.4%	$860	$776	$966	$836
1026	26861	26	10	38.5%	$900	$900	$978	$1,151
826	26862	52	9	17.3%	$1,066	$1,082	$1,125	$1,074
1876	26863	1	1	100.0%	$1,456	$1,456	$1,456	$1,456
565	26910	130	18	13.8%	$873	$879	$853	$866
284	26951	449	67	14.9%	$730	$716	$801	$753
516	26952	154	15	9.7%	$744	$740	$820	$773
1285	26990	11	3	27.3%	$743	$799	$733	$736
1877	26991	1	1	100.0%	$640	$640	$640	$640
1753	26992	2	1	50.0%	$800	$800	$800	$800
1645	27000	3	1	33.3%	$909	$909	$775	$775
1364	27001	8	0	0.0%	$1,200	$1,200	$1,200	$1,200
1646	27003	3	0	0.0%	$1,397	$1,800	$1,397	$1,531
1502	27033	5	1	20.0%	$1,236	$1,380	$1,593	$1,550
1341	27040	9	1	11.1%	$650	$624	$737	$724
1143	27041	18	3	16.7%	$613	$371	$697	$499
864	27047	46	10	21.7%	$581	$570	$726	$747
982	27048	29	10	34.5%	$783	$700	$860	$818
1878	27050	1	1	100.0%	$703	$703	$703	$703
1879	27052	1	0	0.0%	$376	$376	$376	$376
1754	27060	2	0	0.0%	$671	$671	$671	$671
1238	27062	13	1	7.7%	$900	$900	$944	$966
1440	27065	6	3	50.0%	$670	$670	$645	$645
1503	27066	5	0	0.0%	$835	$835	$889	$889

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1176	27080	16	2	12.5%	$750	$750	$829	$821
1365	27086	8	0	0.0%	$550	$617	$541	$558
1403	27087	7	4	57.1%	$511	$591	$621	$621
1880	27230	1	0	0.0%	$596	$596	$596	$596
1647	27238	3	0	0.0%	$494	$494	$494	$494
1648	27250	3	0	0.0%	$1,073	$1,995	$1,073	$1,380
1649	27252	3	0	0.0%	$492	$492	$536	$536
1366	27275	8	2	25.0%	$737	$448	$886	$612
855	27301	48	10	20.8%	$754	$800	$816	$815
1404	27303	7	0	0.0%	$1,250	$1,250	$1,333	$1,286
1367	27305	8	0	0.0%	$755	$755	$864	$823
1881	27306	1	1	100.0%	$592	$592	$592	$592
461	27310	190	11	5.8%	$835	$990	$953	$947
1650	27315	3	0	0.0%	$1,308	$710	$1,308	$1,109
1651	27320	3	0	0.0%	$600	$600	$600	$600
918	27323	36	3	8.3%	$637	$840	$793	$788
707	27324	76	12	15.8%	$620	$640	$646	$672
413	27327	227	36	15.9%	$690	$728	$714	$713
477	27328	178	36	20.2%	$782	$835	$858	$904
1015	27330	27	0	0.0%	$886	$856	$927	$896
708	27331	76	5	6.6%	$956	$900	$1,124	$1,029
345	27332	324	3	0.9%	$1,121	$336	$1,320	$1,110
1286	27333	11	1	9.1%	$1,207	$380	$1,229	$843
818	27334	53	0	0.0%	$1,755	$2,542	$1,568	$2,104
1652	27335	3	0	0.0%	$1,324	$1,850	$1,324	$1,499
408	27340	230	13	5.7%	$852	$840	$899	$903
384	27345	264	34	12.9%	$835	$849	$889	$886
856	27350	48	1	2.1%	$1,030	$1,405	$1,205	$1,498
717	27355	74	7	9.5%	$808	$717	$868	$842
1882	27356	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
661	27360	93	4	4.3%	$855	$859	$950	$971
450	27372	196	13	6.6%	$761	$917	$805	$896
1096	27380	21	0	0.0%	$950	$1,025	$1,065	$1,076
1568	27381	4	0	0.0%	$1,200	$1,200	$1,200	$1,200
1368	27385	8	1	12.5%	$800	$800	$882	$882
1883	27393	1	0	0.0%	$900	$900	$900	$900
1884	27394	1	0	0.0%	$900	$900	$900	$900
1369	27395	8	0	0.0%	$1,400	$1,400	$1,400	$1,400
1885	27396	1	0	0.0%	$677	$677	$677	$677
888	27403	41	2	4.9%	$1,891	$1,250	$2,012	$1,497
722	27405	73	0	0.0%	$1,530	$2,191	$1,687	$1,858
569	27407	128	1	0.8%	$1,850	$2,935	$2,318	$3,084

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1342	27409	9	0	0.0%	$1,833	$1,850	$1,722	$1,748
1263	27418	12	0	0.0%	$1,268	$1,599	$1,391	$1,514
1202	27420	15	0	0.0%	$1,484	$1,366	$1,386	$1,481
889	27422	41	0	0.0%	$1,662	$1,486	$1,949	$1,659
1886	27424	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
96	27425	1,637	52	3.2%	$1,161	$1,050	$1,288	$1,171
663	27427	92	0	0.0%	$1,443	$3,540	$1,876	$3,262
1287	27428	11	0	0.0%	$2,545	$4,774	$2,545	$4,369
1653	27429	3	0	0.0%	$2,774	$2,774	$2,247	$2,247
1177	27430	16	1	6.3%	$1,250	$1,565	$1,321	$1,481
1310	27435	10	0	0.0%	$1,081	$1,762	$1,144	$1,396
819	27437	53	3	5.7%	$1,035	$317	$868	$585
1441	27440	6	1	16.7%	$641	$583	$691	$663
1887	27441	1	0	0.0%	$1,589	$1,589	$1,589	$1,589
1311	27442	10	0	0.0%	$1,045	$1,045	$1,129	$1,091
1654	27502	3	0	0.0%	$810	$810	$810	$810
1888	27504	1	0	0.0%	$755	$755	$755	$755
1755	27508	2	0	0.0%	$413	$413	$413	$413
1889	27510	1	0	0.0%	$650	$650	$650	$650
1890	27520	1	0	0.0%	$725	$725	$725	$725
1027	27524	26	2	7.7%	$1,075	$1,212	$1,238	$1,393
1569	27530	4	0	0.0%	$1,094	$813	$1,392	$1,177
1655	27532	3	1	33.3%	$770	$770	$766	$766
1891	27534	1	0	0.0%	$1,200	$1,200	$1,200	$1,200
1756	27552	2	0	0.0%	$834	$834	$834	$834
1656	27562	3	0	0.0%	$1,008	$1,008	$951	$951
1504	27564	5	1	20.0%	$1,091	$2,066	$1,336	$1,628
1657	27566	3	0	0.0%	$785	$785	$962	$962
257	27570	530	93	17.5%	$560	$517	$688	$625
943	27603	33	4	12.1%	$600	$595	$794	$727
1658	27604	3	0	0.0%	$575	$575	$660	$660
1505	27605	5	1	20.0%	$1,200	$1,200	$1,573	$1,573
1055	27606	24	2	8.3%	$690	$804	$722	$753
1203	27607	15	1	6.7%	$744	$744	$956	$1,042
728	27610	71	3	4.2%	$750	$695	$860	$827
925	27612	35	2	5.7%	$1,020	$795	$1,232	$1,108
1123	27613	19	2	10.5%	$580	$580	$724	$732
944	27614	33	2	6.1%	$600	$600	$788	$763
1264	27615	12	0	0.0%	$721	$405	$778	$592
556	27618	134	7	5.2%	$711	$750	$758	$793
729	27619	71	2	2.8%	$749	$825	$836	$1,001
480	27620	175	11	6.3%	$935	$1,000	$1,074	$1,097

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1056	27625	24	0	0.0%	$975	$963	$1,061	$1,039
1312	27626	10	0	0.0%	$936	$1,002	$1,255	$1,315
373	27630	278	48	17.3%	$770	$800	$832	$863
635	27635	99	8	8.1%	$810	$800	$849	$872
1659	27637	3	0	0.0%	$1,050	$1,050	$1,518	$1,518
1892	27638	1	0	0.0%	$2,530	$2,530	$2,530	$2,530
648	27640	95	11	11.6%	$709	$825	$793	$827
1178	27641	16	3	18.8%	$814	$814	$908	$902
389	27650	256	10	3.9%	$1,025	$1,060	$1,086	$1,109
1288	27652	11	6	54.5%	$1,408	$1,486	$1,535	$1,543
1225	27654	14	2	14.3%	$910	$910	$1,134	$1,208
1204	27656	15	2	13.3%	$813	$800	$832	$819
1757	27658	2	1	50.0%	$577	$577	$577	$577
1370	27659	8	2	25.0%	$950	$1,100	$1,062	$1,147
1226	27664	14	4	28.6%	$900	$647	$782	$657
1660	27665	3	0	0.0%	$1,000	$1,000	$915	$915
997	27675	28	2	7.1%	$850	$1,002	$1,035	$1,059
1371	27676	8	0	0.0%	$1,073	$1,073	$970	$970
906	27680	38	1	2.6%	$819	$749	$845	$748
1758	27681	2	1	50.0%	$899	$899	$899	$899
677	27685	86	8	9.3%	$900	$1,024	$1,000	$1,022
1442	27686	6	1	16.7%	$962	$962	$1,518	$1,753
1161	27687	17	0	0.0%	$1,381	$1,425	$1,459	$1,303
581	27690	120	24	20.0%	$880	$1,300	$1,061	$1,154
1179	27691	16	5	31.3%	$1,050	$1,150	$1,129	$1,137
1506	27692	5	0	0.0%	$1,465	$1,465	$1,465	$1,465
618	27695	106	0	0.0%	$1,006	$985	$1,186	$1,335
1265	27696	12	0	0.0%	$998	$998	$1,288	$1,226
655	27698	94	1	1.1%	$1,035	$1,200	$1,243	$1,326
805	27700	56	1	1.8%	$1,205	$1,168	$1,430	$1,448
742	27704	68	1	1.5%	$825	$845	$908	$853
1507	27705	5	0	0.0%	$1,060	$1,060	$1,144	$1,144
1057	27707	24	0	0.0%	$1,245	$1,899	$1,347	$1,770
1893	27709	1	0	0.0%	$2,419	$2,419	$2,419	$2,419
1894	27715	1	0	0.0%	$350	$350	$350	$350
1661	27750	3	0	0.0%	$572	$428	$572	$524
1508	27752	5	1	20.0%	$575	$575	$626	$626
1895	27756	1	0	0.0%	$1,260	$1,260	$1,260	$1,260
1180	27758	16	0	0.0%	$1,908	$2,200	$1,908	$2,163
1896	27760	1	0	0.0%	$1,655	$1,655	$1,655	$1,655
1144	27762	18	0	0.0%	$946	$946	$897	$888
1343	27764	9	1	11.1%	$850	$825	$1,108	$1,020

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
811	27766	55	2	3.6%	$997	$973	$1,208	$1,166
1897	27780	1	.	0.0%	$825	$825	$825	$825
1759	27781	2	0	0.0%	$474	$474	$474	$474
1898	27782	1	0	0.0%	$1,680	$1,680	$1,680	$1,680
1405	27784	7	0	0.0%	$901	$752	$946	$912
1760	27786	2	0	0.0%	$997	$997	$997	$997
1406	27788	7	0	0.0%	$695	$695	$789	$789
1509	27790	5	0	0.0%	$1,050	$1,050	$1,105	$1,105
615	27792	107	10	9.3%	$1,178	$1,191	$1,321	$1,419
1570	27800	4	0	0.0%	$578	$555	$578	$566
1266	27802	12	0	0.0%	$775	$800	$798	$821
1407	27804	7	2	28.6%	$857	$946	$987	$970
1899	27808	1	0	0.0%	$413	$413	$413	$413
1443	27810	6	0	0.0%	$675	$675	$709	$704
799	27814	57	5	8.8%	$1,248	$1,620	$1,377	$1,495
1900	27816	1	0	0.0%	$1,100	$1,100	$1,100	$1,100
1901	27818	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1124	27822	19	0	0.0%	$1,164	$1,330	$1,151	$1,346
1344	27823	9	0	0.0%	$788	$826	$975	$1,146
1902	27830	1	0	0.0%	$1,875	$1,875	$1,875	$1,875
1761	27832	2	0	0.0%	$846	$846	$846	$846
1762	27842	2	0	0.0%	$2,413	$2,413	$2,413	$2,413
1903	27844	1	0	0.0%	$600	$600	$600	$600
1444	27848	6	1	16.7%	$2,063	$2,063	$1,864	$1,864
1267	27860	12	0	0.0%	$625	$658	$891	$874
1510	27870	5	0	0.0%	$1,527	$1,527	$1,401	$1,401
1571	27884	4	1	25.0%	$695	$695	$770	$770
698	28002	78	16	20.5%	$840	$716	$876	$866
1511	28003	5	0	0.0%	$1,245	$990	$1,164	$1,129
842	28005	50	16	32.0%	$781	$811	$877	$969
276	28008	470	59	12.6%	$790	$757	$887	$830
609	28020	109	9	8.3%	$830	$836	$876	$892
601	28030	111	15	13.5%	$790	$750	$851	$797
322	28035	367	24	6.5%	$835	$823	$969	$1,003
190	28043	823	85	10.3%	$650	$637	$765	$755
177	28045	870	144	16.6%	$750	$750	$840	$859
1108	28046	20	6	30.0%	$639	$639	$704	$647
1125	28050	19	5	26.3%	$696	$672	$870	$803
1445	28054	6	0	0.0%	$815	$753	$884	$849
299	28060	425	644	151.5%	$751	$781	$842	$902
491	28062	168	24	14.3%	$729	$636	$848	$913
998	28070	28	2	7.1%	$954	$1,066	$1,039	$1,201

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
872	28072	44	6	13.6%	$736	$756	$839	$821
33	28080	7,007	1,084	15.5%	$800	$775	$901	$900
893	28086	40	5	12.5%	$798	$996	$747	$973
1162	28088	17	1	5.9%	$722	$670	$721	$654
106	28090	1,504	197	13.1%	$779	$800	$852	$893
420	28092	221	40	18.1%	$730	$736	$786	$773
315	28100	386	14	3.6%	$833	$932	$989	$944
1181	28102	16	3	18.8%	$1,429	$1,800	$1,456	$1,671
1512	28103	5	4	80.0%	$1,150	$401	$947	$729
330	28104	354	25	7.1%	$787	$735	$879	$861
1446	28106	6	2	33.3%	$700	$680	$917	$874
999	28107	28	9	32.1%	$713	$775	$833	$847
109	28110	1,476	227	15.4%	$800	$854	$921	$996
378	28111	271	48	17.7%	$926	$974	$1,023	$1,015
199	28112	770	239	31.0%	$760	$846	$864	$1,012
332	28113	350	95	27.1%	$839	$880	$907	$903
336	28114	341	74	21.7%	$941	$850	$1,072	$905
932	28116	34	0	0.0%	$955	$950	$1,187	$1,170
121	28118	1,364	241	17.7%	$850	$877	$960	$1,048
63	28119	2,852	170	6.0%	$900	$900	$999	$1,041
286	28120	444	53	11.9%	$850	$889	$966	$1,022
139	28122	1,187	247	20.8%	$832	$775	$910	$912
1904	28130	1	0	0.0%	$2,865	$2,865	$2,865	$2,865
786	28140	59	16	27.1%	$772	$834	$786	$847
296	28150	434	113	26.0%	$729	$760	$864	$871
1345	28171	9	5	55.6%	$490	$994	$655	$767
1016	28173	27	4	14.8%	$723	$845	$1,062	$1,138
1081	28175	22	3	13.6%	$768	$649	$710	$666
279	28192	458	9	2.0%	$686	$536	$708	$609
470	28193	183	40	21.9%	$759	$787	$846	$827
587	28200	117	21	17.9%	$780	$770	$834	$842
1572	28202	4	1	25.0%	$990	$990	$1,161	$1,161
513	28208	155	27	17.4%	$795	$500	$824	$717
1763	28210	2	1	50.0%	$796	$796	$796	$796
1289	28222	11	4	36.4%	$992	$992	$810	$773
762	28225	63	15	23.8%	$520	$520	$685	$628
1109	28226	20	7	35.0%	$330	$330	$579	$510
945	28236	33	2	6.1%	$864	$864	$1,085	$1,201
496	28238	166	3	1.8%	$923	$850	$995	$975
454	28240	194	27	13.9%	$566	$757	$761	$831
610	28250	109	9	8.3%	$740	$675	$797	$717
709	28260	76	25	32.9%	$508	$441	$625	$556

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
612	28261	108	31	28.7%	$566	$350	$677	$520
1372	28262	8	1	12.5%	$1,010	$1,010	$1,030	$1,092
800	28264	57	22	38.6%	$508	$566	$655	$674
530	28280	150	24	16.0%	$638	$673	$695	$697
16	28285	19,010	5,462	28.7%	$786	$746	$956	$916
234	28286	623	160	25.7%	$871	$810	$1,047	$1,094
73	28288	2,471	268	10.8%	$800	$800	$947	$1,004
39	28290	6,047	849	14.0%	$970	$1,005	$1,114	$1,184
31	28292	7,540	1,630	21.6%	$1,006	$1,050	$1,187	$1,306
100	28293	1,602	553	34.5%	$1,200	$978	$1,337	$1,232
361	28294	298	85	28.5%	$994	$955	$1,256	$1,170
29	28296	8,340	1,079	12.9%	$1,085	$1,198	$1,248	$1,354
946	28297	33	3	9.1%	$1,041	$1,380	$1,238	$1,448
209	28298	728	106	14.6%	$990	$1,187	$1,165	$1,379
140	28299	1,172	166	14.2%	$1,205	$1,725	$1,350	$1,753
403	28300	238	11	4.6%	$863	$1,225	$1,106	$1,261
1268	28302	12	2	16.7%	$603	$555	$563	$560
743	28304	68	7	10.3%	$750	$529	$745	$601
1290	28305	11	0	0.0%	$1,350	$1,500	$1,440	$1,504
66	28306	2,786	374	13.4%	$857	$953	$1,042	$1,170
59	28308	3,114	543	17.4%	$788	$744	$935	$877
1269	28309	12	0	0.0%	$1,064	$1,028	$1,095	$1,084
103	28310	1,535	256	16.7%	$693	$715	$914	$870
259	28312	522	220	42.1%	$680	$499	$802	$668
899	28313	39	3	7.7%	$840	$1,004	$856	$974
184	28315	847	162	19.1%	$793	$800	$919	$941
1227	28320	14	1	7.1%	$950	$969	$1,138	$1,206
787	28322	59	9	15.3%	$798	$641	$899	$779
1764	28400	2	0	0.0%	$725	$725	$725	$725
1313	28405	10	1	10.0%	$600	$840	$553	$647
1765	28406	2	0	0.0%	$1,058	$1,058	$1,058	$1,058
1082	28415	22	2	9.1%	$1,225	$1,198	$1,555	$1,487
1766	28420	2	2	100.0%	$702	$702	$702	$702
1905	28435	1	0	0.0%	$466	$466	$466	$466
1906	28440	1	0	0.0%	$600	$600	$600	$600
1291	28445	11	0	0.0%	$994	$994	$1,152	$1,262
1767	28460	2	0	0.0%	$1,133	$1,133	$1,133	$1,133
983	28465	29	2	6.9%	$853	$950	$1,080	$1,135
1346	28476	9	0	0.0%	$910	$910	$1,031	$1,031
1447	28480	6	0	0.0%	$1,225	$1,225	$1,276	$1,276
396	28485	245	18	7.3%	$897	$942	$1,018	$1,111
1163	28496	17	2	11.8%	$877	$1,170	$964	$1,019

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1573	28500	4	0	0.0%	$687	$744	$691	$718
718	28505	74	5	6.8%	$800	$800	$909	$956
1768	28520	2	0	0.0%	$1,117	$1,117	$1,117	$1,117
753	28525	66	7	10.6%	$826	$826	$870	$869
1574	28546	4	1	25.0%	$600	$575	$669	$639
1408	28555	7	2	28.6%	$783	$730	$831	$762
1448	28585	6	1	16.7%	$695	$695	$587	$587
1575	28606	4	0	0.0%	$738	$738	$739	$739
1270	28615	12	4	33.3%	$990	$998	$959	$1,002
849	28645	49	21	42.9%	$935	$950	$1,078	$1,176
1769	28665	2	0	0.0%	$362	$362	$362	$362
1908	28670	1	0	0.0%	$322	$322	$322	$322
1373	28675	8	2	25.0%	$805	$805	$799	$799
1576	28705	4	0	0.0%	$1,515	$1,260	$1,515	$1,388
1239	28715	13	2	15.4%	$1,216	$1,216	$1,495	$1,397
686	28725	83	5	6.0%	$1,435	$1,545	$1,752	$1,710
975	28730	30	2	6.7%	$1,023	$808	$1,091	$946
1513	28735	5	1	20.0%	$763	$830	$810	$814
1058	28737	24	2	8.3%	$1,155	$1,223	$1,412	$1,475
699	28740	78	24	30.8%	$761	$750	$857	$858
421	28750	221	72	32.6%	$1,002	$1,108	$1,155	$1,234
365	28755	291	96	33.0%	$861	$1,018	$1,036	$1,113
781	28760	60	12	20.0%	$900	$896	$1,051	$1,022
570	28810	128	63	49.2%	$754	$735	$860	$840
412	28820	228	111	48.7%	$722	$722	$788	$805
613	28825	108	49	45.4%	$707	$720	$793	$815
150	29815	1,087	22	2.0%	$1,423	$1,320	$1,662	$1,548
263	29819	516	13	2.5%	$1,789	$1,789	$1,799	$2,043
602	29820	111	3	2.7%	$1,475	$1,495	$1,613	$1,945
693	29821	80	1	1.3%	$2,070	$1,700	$1,924	$2,026
239	29822	612	21	3.4%	$1,613	$1,792	$1,792	$1,985
203	29823	752	16	2.1%	$1,651	$1,486	$1,879	$1,812
767	29825	62	3	4.8%	$1,620	$1,761	$1,576	$1,722
91	29826	1,736	47	2.7%	$1,585	$1,699	$1,726	$1,853
672	29830	88	1	1.1%	$1,450	$1,450	$1,570	$1,507
540	29834	142	6	4.2%	$1,421	$1,587	$1,562	$1,601
726	29835	72	6	8.3%	$1,445	$1,300	$1,491	$1,487
1314	29836	10	0	0.0%	$1,888	$1,888	$1,712	$1,747
1042	29837	25	0	0.0%	$1,354	$1,560	$1,475	$1,564
894	29838	40	1	2.5%	$1,760	$1,959	$1,993	$2,125
326	29840	358	8	2.2%	$1,450	$1,389	$1,612	$1,579
482	29843	174	0	0.0%	$1,785	$1,499	$1,979	$1,515

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
820	29844	53	0	0.0%	$1,450	$1,500	$1,517	$1,542
984	29845	29	1	3.4%	$1,685	$2,055	$1,711	$1,805
320	29846	371	2	0.5%	$1,650	$1,677	$1,661	$1,637
1059	29847	24	1	4.2%	$1,189	$1,100	$1,341	$1,197
24	29870	9,722	476	4.9%	$1,350	$1,282	$1,477	$1,415
146	29871	1,137	45	4.0%	$1,435	$1,816	$1,619	$1,916
64	29874	2,809	229	8.2%	$1,350	$1,300	$1,459	$1,358
41	29875	5,530	436	7.9%	$1,331	$1,300	$1,496	$1,476
128	29876	1,315	112	8.5%	$1,413	$1,406	$1,552	$1,496
20	29877	15,415	1,460	9.5%	$1,412	$1,391	$1,538	$1,471
148	29879	1,135	86	7.6%	$1,315	$1,310	$1,386	$1,367
52	29880	3,637	311	8.6%	$1,543	$1,580	$1,676	$1,644
10	29881	28,710	3,399	11.8%	$1,471	$1,420	$1,619	$1,531
102	29882	1,543	134	8.7%	$1,452	$1,698	$1,622	$1,674
499	29883	165	13	7.9%	$1,400	$1,500	$1,568	$1,537
337	29884	338	17	5.0%	$1,450	$1,366	$1,515	$1,597
1000	29885	28	0	0.0%	$1,448	$1,448	$1,468	$1,361
740	29886	69	2	2.9%	$1,354	$1,300	$1,417	$1,376
727	29887	72	6	8.3%	$1,535	$1,730	$1,615	$1,771
83	29888	2,033	12	0.6%	$1,995	$2,877	$2,191	$2,854
585	29889	118	0	0.0%	$1,500	$4,500	$2,121	$3,692
289	29894	443	15	3.4%	$1,550	$1,674	$1,662	$1,772
425	29895	214	3	1.4%	$1,450	$1,529	$1,574	$1,614
466	29897	186	6	3.2%	$1,495	$1,452	$1,570	$1,532
456	29898	193	8	4.1%	$1,585	$1,830	$1,583	$1,750
174	30115	891	0	0.0%	$696	$600	$871	$702
364	30117	297	160	53.9%	$640	$619	$742	$715
1060	30118	24	54	225.0%	$706	$678	$759	$800
843	30120	50	10	20.0%	$661	$672	$836	$748
806	30124	56	16	28.6%	$553	$548	$669	$690
1164	30125	17	1	5.9%	$729	$691	$649	$671
54	30130	3,506	3	0.1%	$525	$433	$665	$563
47	30140	4,237	184	4.3%	$670	$522	$702	$651
1126	30150	19	162	852.6%	$619	$619	$862	$742
344	30310	328	2	0.6%	$500	$285	$774	$386
1770	30320	2	19	950.0%	$1,169	$1,169	$546	$1,169
119	30400	1,374	0	0.0%	$837	$815	$1,169	$940
206	30410	744	19	2.6%	$875	$886	$975	$975
81	30420	2,185	15	0.7%	$1,132	$1,169	$1,015	$1,346
318	30430	377	46	12.2%	$674	$677	$1,281	$757
681	30435	85	13	15.3%	$909	$975	$791	$945
488	30450	170	4	2.4%	$995	$867	$927	$990

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
18	30520	16,696	4	0.0%	$1,072	$1,010	$1,161	$1,186
1127	30540	19	820	4315.8%	$607	$691	$1,212	$617
835	30560	51	0	0.0%	$550	$538	$621	$646
1182	30580	16	3	18.8%	$834	$834	$659	$963
1240	30600	13	3	23.1%	$727	$650	$963	$824
62	30620	2,878	102	3.5%	$1,108	$1,264	$1,256	$1,261
636	30630	99	11	11.1%	$840	$807	$921	$885
744	30801	68	4	5.9%	$459	$452	$490	$564
436	30802	205	7	3.4%	$330	$750	$588	$1,094
1909	30820	1	0	0.0%	$1,072	$1,072	$1,072	$1,072
1910	30901	1	0	0.0%	$648	$648	$648	$648
611	30903	109	7	6.4%	$630	$695	$706	$695
749	30905	67	3	4.5%	$401	$453	$519	$552
1409	30906	7	0	0.0%	$475	$475	$687	$545
1911	30915	1	0	0.0%	$466	$466	$466	$466
1771	30920	2	1	50.0%	$940	$940	$940	$940
1662	30930	3	0	0.0%	$251	$251	$251	$251
72	31020	2,584	293	11.3%	$786	$750	$894	$755
219	31030	689	92	13.4%	$841	$727	$1,007	$851
394	31032	246	34	13.8%	$880	$901	$1,059	$1,009
589	31050	116	9	7.8%	$419	$352	$654	$561
1128	31051	19	3	15.8%	$611	$611	$784	$750
484	31070	171	34	19.9%	$635	$530	$788	$709
1514	31075	5	0	0.0%	$850	$850	$829	$829
158	31090	1,032	27	2.6%	$1,073	$962	$1,238	$1,245
120	31200	1,368	148	10.8%	$808	$796	$986	$859
188	31201	836	162	19.4%	$800	$800	$916	$953
1028	31205	26	3	11.5%	$900	$1,138	$1,021	$1,175
1374	31250	8	0	0.0%	$1,027	$1,027	$1,027	$1,027
255	31252	538	38	7.1%	$1,045	$1,280	$1,144	$1,469
134	31254	1,220	37	3.0%	$1,003	$1,005	$1,141	$1,227
61	31255	3,017	145	4.8%	$1,193	$1,173	$1,365	$1,491
69	31256	2,681	98	3.7%	$886	$925	$1,125	$1,185
985	31258	29	0	0.0%	$701	$752	$771	$748
217	31260	703	48	6.8%	$795	$1,202	$1,007	$1,531
525	31263	152	3	2.0%	$1,009	$1,100	$1,280	$1,521
586	31265	118	4	3.4%	$802	$1,001	$882	$997
238	31267	614	41	6.7%	$847	$720	$1,073	$989
1912	31268	1	0	0.0%	$646	$646	$646	$646
794	31270	58	5	8.6%	$840	$483	$983	$694
444	31275	200	6	3.0%	$500	$500	$740	$648
547	31277	140	3	2.1%	$654	$641	$790	$715

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547	31277	140	3	2.1%	$654	$641	$790	$715
1347	31300	9	2	22.2%	$679	$679	$635	$588
541	31510	142	25	17.6%	$808	$770	$838	$783
1772	31511	2	.	0.0%	$615	$615	$615	$615
782	31512	60	20	33.3%	$759	$712	$918	$834
1375	31513	8	2	25.0%	$987	$1,000	$1,156	$1,117
566	31515	130	33	25.4%	$555	$546	$595	$539
307	31525	407	72	17.7%	$681	$673	$724	$743
369	31526	288	50	17.4%	$636	$575	$729	$697
1577	31527	4	0	0.0%	$550	$393	$520	$449
1663	31528	3	1	33.3%	$482	$582	$482	$515
881	31530	43	8	18.6%	$686	$800	$781	$961
926	31531	35	5	14.3%	$813	$1,055	$898	$987
185	31535	846	221	26.1%	$715	$720	$774	$777
92	31536	1,731	408	23.6%	$831	$688	$907	$867
335	31540	343	73	21.3%	$779	$710	$866	$814
127	31541	1,332	300	22.5%	$894	$890	$940	$917
1913	31560	1	0	0.0%	$615	$615	$615	$615
1449	31561	6	1	16.7%	$813	$827	$843	$1,002
1183	31570	16	7	43.8%	$757	$785	$779	$825
1129	31571	19	6	31.6%	$841	$965	$818	$860
907	31576	38	8	21.1%	$945	$940	$930	$946
1914	31577	1	0	0.0%	$667	$667	$667	$667
1029	31578	26	3	11.5%	$711	$776	$729	$747
1376	31600	8	5	62.5%	$740	$833	$749	$771
1410	31611	7	1	14.3%	$821	$542	$702	$602
1773	31612	2	0	0.0%	$616	$616	$616	$616
1145	31613	18	11	61.1%	$667	$722	$711	$742
1241	31614	13	9	69.2%	$658	$635	$616	$580
1664	31615	3	0	0.0%	$514	$298	$514	$442
94	31622	1,679	741	44.1%	$533	$504	$648	$554
187	31625	839	439	52.3%	$573	$420	$654	$599
443	31628	201	129	64.2%	$715	$655	$736	$614
1205	31629	15	2	13.3%	$520	$820	$663	$768
1915	31631	1	.	0.0%	$600	$600	$600	$600
1665	31635	3	2	66.7%	$725	$725	$602	$602
1916	31640	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1578	31641	4	0	0.0%	$613	$613	$613	$613
1292	31645	11	9	81.8%	$500	$462	$525	$470
1030	31659	26	7	26.9%	$608	$608	$510	$607
1917	31755	1	0	0.0%	$605	$605	$605	$605
1918	31785	1	1	100.0%	$520	$520	$520	$520
1348	31820	9	5	55.6%	$685	$765	$753	$845

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1666	31825	3	1	33.3%	$600	$600	$635	$635
1450	31830	6	0	0.0%	$550	$632	$555	$613
947	32000	33	18	54.5%	$291	$150	$356	$235
1919	32002	1	0	0.0%	$465	$465	$465	$465
1774	32400	2	2	100.0%	$695	$695	$695	$695
1515	32405	5	0	0.0%	$799	$687	$799	$777
1451	33010	6	0	0.0%	$730	$730	$730	$730
927	36262	35	5	14.3%	$611	$549	$610	$605
536	36489	145	19	13.1%	$850	$825	$1,011	$870
836	36491	51	10	19.6%	$804	$945	$889	$997
1667	36530	3	0	0.0%	$1,100	$1,100	$1,100	$1,100
1377	36532	8	0	0.0%	$578	$580	$564	$602
1452	36533	6	2	33.3%	$1,180	$1,005	$1,160	$1,057
1920	36534	1	0	0.0%	$1,078	$1,078	$1,078	$1,078
812	36535	55	12	21.8%	$571	$500	$604	$587
1921	36800	1	0	0.0%	$1,200	$1,200	$1,200	$1,200
1922	36815	1	0	0.0%	$1,403	$1,403	$1,403	$1,403
1516	36820	5	2	40.0%	$1,021	$1,200	$995	$1,156
1668	36821	3	1	33.3%	$865	$638	$865	$789
1579	36825	4	0	0.0%	$1,929	$958	$1,929	$1,444
1315	36830	10	2	20.0%	$1,377	$1,350	$1,298	$1,340
1580	36832	4	1	25.0%	$954	$954	$977	$977
179	37609	862	581	67.4%	$562	$566	$605	$609
261	37700	519	46	8.9%	$902	$971	$1,001	$969
220	37720	689	48	7.0%	$894	$955	$981	$1,079
360	37730	299	16	5.4%	$1,007	$1,232	$1,107	$2,027
890	37735	41	5	12.2%	$984	$1,483	$1,379	$2,313
662	37760	93	7	7.5%	$1,125	$442	$1,208	$768
913	37780	37	5	13.5%	$876	$1,053	$990	$1,125
290	37785	443	55	12.4%	$789	$853	$922	$962
1293	38300	11	0	0.0%	$395	$577	$531	$572
1031	38305	26	6	23.1%	$535	$550	$513	$532
1923	38308	1	1	100.0%	$652	$652	$652	$652
95	38500	1,673	318	19.0%	$715	$695	$755	$726
735	38505	70	8	11.4%	$610	$703	$671	$707
175	38510	872	211	24.2%	$712	$669	$770	$760
543	38520	141	36	25.5%	$662	$709	$734	$752
231	38525	636	96	15.1%	$781	$808	$830	$884
1206	38530	15	8	53.3%	$865	$1,000	$914	$897
1130	38542	19	4	21.1%	$821	$825	$832	$871
883	38550	42	4	9.5%	$695	$626	$816	$736
1110	38555	20	8	40.0%	$759	$846	$904	$903

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1378	38700	8	2	25.0%	$1,064	$1,064	$949	$949
557	38740	134	36	26.9%	$760	$953	$821	$911
560	38745	132	49	37.1%	$900	$975	$994	$1,019
710	38760	76	12	15.8%	$742	$704	$774	$784
577	40500	125	63	50.4%	$625	$600	$693	$692
574	40510	126	53	42.1%	$634	$625	$738	$716
605	40520	110	62	56.4%	$635	$595	$673	$652
958	40525	32	13	40.6%	$970	$912	$947	$905
1184	40527	16	5	31.3%	$832	$920	$848	$951
1185	40530	16	3	18.8%	$880	$980	$880	$945
948	40650	33	3	9.1%	$852	$1,050	$850	$1,033
1411	40652	7	0	0.0%	$401	$401	$741	$741
1294	40654	11	2	18.2%	$1,075	$650	$1,065	$876
1924	40700	1	0	0.0%	$1,040	$1,040	$1,040	$1,040
1453	40801	6	3	50.0%	$560	$560	$769	$769
1412	40805	7	1	14.3%	$593	$664	$601	$619
1069	40806	23	0	0.0%	$545	$553	$501	$559
850	40814	49	15	30.6%	$548	$541	$696	$654
1295	40816	11	8	72.7%	$638	$638	$736	$736
1207	40818	15	12	80.0%	$627	$500	$740	$732
316	40819	386	10	2.6%	$551	$529	$599	$572
1083	40820	22	1	4.5%	$515	$462	$642	$592
1454	40831	6	1	16.7%	$675	$773	$621	$730
1581	40840	4	1	25.0%	$1,137	$1,137	$989	$1,026
1582	40844	4	0	0.0%	$1,890	$900	$1,890	$1,395
1669	40845	3	0	0.0%	$1,000	$1,000	$1,001	$1,001
1455	41000	6	0	0.0%	$515	$508	$562	$518
1925	41006	1	0	0.0%	$820	$820	$820	$820
1775	41008	2	0	0.0%	$559	$559	$559	$559
678	41010	86	1	1.2%	$590	$484	$632	$551
1670	41015	3	0	0.0%	$693	$693	$633	$633
1456	41017	6	0	0.0%	$730	$1,100	$730	$977
795	41105	58	25	43.1%	$500	$520	$547	$532
763	41110	63	8	12.7%	$498	$498	$510	$520
594	41112	113	12	10.6%	$569	$541	$617	$606
1017	41113	27	5	18.5%	$699	$700	$727	$723
1146	41114	18	12	66.7%	$660	$818	$769	$806
549	41115	138	5	3.6%	$529	$545	$552	$581
656	41116	94	25	26.6%	$560	$626	$677	$694
1043	41120	25	15	60.0%	$670	$690	$861	$910
1186	41250	16	0	0.0%	$694	$725	$698	$708
1926	41252	1	0	0.0%	$1,329	$1,329	$1,329	$1,329

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1927	41510	1	1	100.0%	$1,145	$1,145	$1,145	$1,145
623	41520	103	2	1.9%	$542	$500	$567	$501
1147	41800	18	0	0.0%	$550	$550	$787	$803
1316	41805	10	0	0.0%	$617	$709	$685	$769
270	41806	484	24	5.0%	$678	$415	$738	$432
1296	41827	11	6	54.5%	$748	$748	$792	$792
736	42000	70	2	2.9%	$316	$316	$519	$325
630	42104	100	15	15.0%	$553	$574	$647	$742
783	42106	60	7	11.7%	$609	$609	$623	$623
1517	42107	5	4	80.0%	$558	$558	$659	$659
1165	42120	17	4	23.5%	$915	$1,000	$1,003	$1,018
673	42140	87	4	4.6%	$577	$600	$556	$556
614	42145	108	2	1.9%	$810	$767	$882	$790
1457	42160	6	0	0.0%	$413	$366	$470	$410
1776	42180	2	0	0.0%	$545	$545	$545	$545
1583	42182	4	0	0.0%	$702	$849	$766	$823
1413	42200	7	1	14.3%	$1,142	$1,300	$1,092	$1,136
1928	42205	1	0	0.0%	$375	$375	$375	$375
1458	42210	6	1	16.7%	$1,385	$1,145	$1,725	$1,516
1518	42215	5	0	0.0%	$1,320	$1,320	$1,315	$1,315
1777	42220	2	0	0.0%	$1,450	$1,450	$1,450	$1,450
1929	42225	1	0	0.0%	$1,700	$1,700	$1,700	$1,700
1671	42235	3	0	0.0%	$1,218	$1,036	$1,218	$1,157
1584	42260	4	1	25.0%	$1,738	$1,738	$1,627	$1,627
1519	42300	5	1	20.0%	$540	$540	$484	$506
1414	42305	7	3	42.9%	$598	$535	$812	$729
1672	42320	3	0	0.0%	$347	$347	$347	$347
1673	42325	3	1	33.3%	$285	$285	$347	$347
949	42335	33	13	39.4%	$700	$725	$725	$728
1674	42340	3	1	33.3%	$616	$616	$667	$667
1271	42405	12	4	33.3%	$690	$685	$689	$666
844	42408	50	2	4.0%	$641	$662	$715	$720
1187	42409	16	1	6.3%	$637	$629	$755	$746
595	42410	113	28	24.8%	$860	$920	$945	$954
1001	42420	28	2	7.1%	$1,369	$1,625	$1,690	$2,028
434	42440	208	40	19.2%	$880	$889	$964	$957
1208	42450	15	2	13.3%	$721	$719	$779	$773
1242	42500	13	1	7.7%	$850	$850	$970	$894
1675	42505	3	0	0.0%	$1,000	$1,000	$1,221	$1,221
1930	42508	1	0	0.0%	$825	$825	$825	$825
1778	42600	2	0	0.0%	$732	$732	$732	$732
1243	42700	13	0	0.0%	$550	$550	$590	$590

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1931	42720	1	0	0.0%	$700	$700	$700	$700
1932	42725	1	1	100.0%	$1,342	$1,342	$1,342	$1,342
1585	42802	4	1	25.0%	$633	$633	$609	$609
873	42804	44	8	18.2%	$540	$521	$588	$572
719	42806	74	31	41.9%	$529	$441	$612	$563
768	42808	62	12	19.4%	$533	$530	$628	$617
563	42810	131	7	5.3%	$740	$738	$777	$768
777	42815	61	2	3.3%	$760	$765	$935	$990
60	42821	3,057	10	0.3%	$950	$920	$1,021	$1,004
35	42826	6,566	41	0.6%	$854	$830	$941	$925
1111	42830	20	0	0.0%	$249	$249	$249	$249
211	42831	723	2	0.3%	$669	$797	$757	$772
596	42836	112	0	0.0%	$568	$450	$640	$527
874	42860	44	3	6.8%	$589	$567	$663	$629
778	42870	61	5	8.2%	$823	$823	$917	$851
813	42880	55	7	12.7%	$660	$692	$651	$699
1779	42900	2	0	0.0%	$530	$530	$530	$530
1188	42950	16	2	12.5%	$920	$406	$1,071	$671
1520	42955	5	4	80.0%	$397	$425	$397	$414
1097	42960	21	0	0.0%	$570	$570	$583	$554
1297	42962	11	0	0.0%	$560	$500	$587	$531
143	43200	1,158	428	37.0%	$450	$404	$550	$497
258	43202	525	191	36.4%	$475	$522	$615	$683
691	43204	82	40	48.8%	$603	$408	$557	$507
869	43215	45	9	20.0%	$451	$532	$560	$580
1780	43217	2	1	50.0%	$275	$275	$275	$275
1166	43219	17	7	41.2%	$325	$260	$429	$373
189	43220	824	418	50.7%	$440	$435	$527	$481
446	43226	199	115	57.8%	$480	$563	$542	$487
1272	43227	12	4	33.3%	$556	$556	$746	$592
1148	43228	18	3	16.7%	$1,027	$1,100	$796	$1,045
354	43234	310	32	10.3%	$575	$755	$593	$584
6	43235	33,011	11,531	34.9%	$461	$417	$535	$465
11	43239	28,649	11,061	38.6%	$504	$477	$575	$548
1244	43241	13	5	38.5%	$636	$607	$651	$695
638	43243	98	18	18.4%	$592	$593	$592	$579
380	43245	268	110	41.0%	$475	$434	$553	$497
745	43246	68	41	60.3%	$550	$658	$590	$609
459	43247	191	87	45.5%	$450	$452	$460	$464
280	43251	457	193	42.2%	$471	$480	$525	$565
438	43255	203	112	55.2%	$513	$552	$544	$626
642	43258	97	30	30.9%	$454	$350	$489	$399

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468	43260	184	33	17.9%	$721	$665	$830	$603
1044	43262	25	2	8.0%	$700	$680	$700	$692
1933	43263	1	0	0.0%	$625	$625	$625	$625
1415	43264	7	2	28.6%	$658	$580	$813	$680
1098	43268	21	5	23.8%	$951	$722	$961	$745
1459	43269	6	5	83.3%	$513	$650	$527	$593
1676	43271	3	0	0.0%	$124	$150	$124	$132
53	43450	3,553	1,517	42.7%	$285	$271	$347	$260
133	43451	1,233	749	60.7%	$292	$293	$336	$317
136	43453	1,199	665	55.5%	$312	$260	$392	$313
141	43455	1,160	565	48.7%	$372	$282	$414	$340
1934	43600	1	0	0.0%	$942	$942	$942	$942
1167	43750	17	9	52.9%	$462	$175	$526	$396
649	43760	95	63	66.3%	$230	$198	$298	$241
1586	43870	4	1	25.0%	$510	$510	$485	$485
1781	44100	2	1	50.0%	$378	$378	$378	$378
1245	44312	13	1	7.7%	$1,630	$495	$1,282	$677
1149	44340	18	11	61.1%	$593	$497	$606	$533
1460	44345	6	3	50.0%	$640	$638	$804	$776
1782	44346	2	1	50.0%	$1,175	$1,175	$1,175	$1,175
519	44360	153	17	11.1%	$511	$850	$557	$714
194	44361	805	30	3.7%	$485	$284	$536	$313
1935	44363	1	1	100.0%	$176	$176	$176	$176
1521	44364	5	2	40.0%	$333	$333	$333	$333
1783	44366	2	1	50.0%	$517	$517	$517	$517
1784	44369	2	1	50.0%	$592	$592	$592	$592
1936	44372	1	1	100.0%	$577	$577	$577	$577
919	44380	36	10	27.8%	$392	$374	$351	$362
687	44382	83	4	4.8%	$460	$410	$462	$423
1785	44385	2	0	0.0%	$527	$527	$527	$527
1937	44386	1	0	0.0%	$285	$285	$285	$285
621	44388	104	50	48.1%	$513	$453	$577	$505
950	44389	33	18	54.5%	$480	$665	$603	$842
959	44392	32	18	56.3%	$575	$675	$568	$606
1587	44393	4	3	75.0%	$790	$790	$790	$790
1677	45000	3	0	0.0%	$575	$575	$613	$613
986	45005	29	3	10.3%	$613	$613	$599	$601
1032	45020	26	1	3.8%	$800	$1,182	$881	$932
788	45100	59	14	23.7%	$695	$675	$746	$805
1246	45108	13	3	23.1%	$742	$764	$745	$878
1938	45150	1	0	0.0%	$375	$375	$375	$375
520	45170	153	74	48.4%	$624	$624	$725	$713

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1209	45180	15	8	53.3%	$600	$600	$605	$596
914	45305	37	7	18.9%	$350	$450	$417	$430
1939	45307	1	0	0.0%	$650	$650	$650	$650
1002	45310	28	5	17.9%	$665	$659	$620	$609
1461	45315	6	0	0.0%	$630	$630	$808	$719
1678	45317	3	0	0.0%	$325	$325	$303	$303
1940	45320	1	0	0.0%	$730	$730	$730	$730
664	45330	92	23	25.0%	$443	$443	$443	$443
55	45331	3,420	1,289	37.7%	$377	$300	$436	$336
1786	45332	2	1	50.0%	$691	$691	$691	$691
243	45333	602	287	47.7%	$470	$329	$533	$443
801	45334	57	42	73.7%	$450	$400	$465	$497
597	45336	112	57	50.9%	$416	$342	$448	$399
1679	45337	3	1	33.3%	$508	$750	$508	$589
240	45355	610	169	27.7%	$573	$501	$631	$541
3	45378	43,627	17,827	40.9%	$526	$495	$593	$549
1210	45379	15	8	53.3%	$524	$665	$640	$702
15	45380	19,628	7,052	35.9%	$570	$501	$653	$614
334	45382	344	206	59.9%	$551	$588	$598	$652
56	45383	3,403	1,607	47.2%	$571	$517	$596	$522
12	45385	25,630	12,391	48.3%	$595	$575	$665	$662
1099	45500	21	4	19.0%	$487	$341	$769	$457
639	45505	98	10	10.2%	$695	$2,500	$991	$1,775
960	45560	32	19	59.4%	$877	$1,500	$1,085	$1,325
1941	45900	1	0	0.0%	$305	$305	$305	$305
859	45905	47	4	8.5%	$638	$650	$639	$635
759	45910	64	35	54.7%	$450	$162	$551	$346
1416	45915	7	2	28.6%	$380	$380	$667	$667
291	46000	443	42	9.5%	$742	$712	$799	$804
1084	46030	22	0	0.0%	$574	$450	$706	$550
582	46040	120	9	7.5%	$671	$592	$770	$673
1033	46045	26	3	11.5%	$952	$1,110	$1,285	$1,306
845	46050	50	3	6.0%	$645	$743	$692	$811
637	46060	99	8	8.1%	$775	$777	$857	$1,081
218	46080	698	73	10.5%	$714	$714	$776	$792
213	46200	719	73	10.2%	$807	$770	$900	$863
1462	46210	6	0	0.0%	$773	$900	$743	$796
1522	46211	5	0	0.0%	$1,569	$1,569	$1,384	$1,490
575	46220	126	12	9.5%	$543	$550	$599	$669
1942	46221	1	0	0.0%	$1,210	$1,210	$1,210	$1,210
338	46250	338	47	13.9%	$831	$941	$871	$1,019
161	46255	1,005	138	13.7%	$822	$850	$883	$923

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE
FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982=lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
646	46257	96	12	12.5%	$860	$740	$955	$916
769	46258	62	11	17.7%	$750	$1,325	$808	$1,103
317	46250	1,398	223	16.0%	$981	$1,233	$1,099	$1,435
593	46261	162	34	21.0%	$950	$1,926	$1,070	$1,538
857	46262	51	4	7.8%	$750	$680	$929	$853
283	46270	452	27	6.0%	$730	$790	$804	$819
544	46275	155	18	11.6%	$751	$749	$839	$853
590	46280	124	5	4.0%	$900	$960	$888	$942
1465	46285	6	1	16.7%	$710	$710	$746	$740
1189	46608	16	2	12.5%	$550	$870	$494	$729
969	46610	31	4	12.9%	$556	$523	$580	$563
1522	46612	5	0	0.0%	$703	$709	$1,130	$1,404
552	46700	137	23	16.8%	$761	$1,749	$910	$1,316
1034	46750	26	3	11.5%	$816	$750	$796	$773
1524	46753	5	2	40.0%	$700	$550	$652	$611
1787	46754	2	0	0.0%	$525	$525	$525	$525
700	46922	78	5	6.4%	$525	$550	$594	$593
302	46924	424	26	6.1%	$725	$699	$788	$792
1943	46938	1	1	100.0%	$705	$705	$705	$705
308	47000	407	86	21.1%	$413	$390	$516	$475
1680	47510	3	1	33.3%	$117	$117	$117	$117
1944	47554	1	1	100.0%	$65	$65	$65	$65
481	49000	175	6	3.4%	$1,104	$1,200	$1,226	$1,409
598	49080	112	30	26.8%	$419	$360	$552	$514
1061	49081	24	12	50.0%	$400	$400	$615	$653
1273	49085	12	2	16.7%	$770	$760	$751	$751
1190	49180	16	3	18.8%	$729	$724	$850	$810
1464	49300	6	5	83.3%	$873	$873	$854	$854
1035	49301	26	2	7.7%	$499	$171	$485	$381
1681	49400	3	2	66.7%	$715	$275	$715	$568
961	49420	32	24	75.0%	$360	$306	$514	$405
1070	49421	23	11	47.8%	$525	$850	$624	$695
1465	49426	6	2	33.3%	$967	$967	$950	$950
1945	49500	1	0	0.0%	$1,955	$1,955	$1,955	$1,955
1946	49501	1	0	0.0%	$977	$977	$977	$977
17	49505	18,989	3,636	19.1%	$1,044	$1,020	$1,160	$1,125
647	49510	96	18	18.8%	$975	$1,179	$1,084	$1,085
249	49515	564	88	15.6%	$1,023	$1,140	$1,078	$1,159
104	49520	1,524	353	23.2%	$1,055	$1,033	$1,172	$1,175
501	49525	163	61	37.4%	$988	$1,111	$1,016	$1,182
1131	49540	19	1	5.3%	$630	$665	$694	$663
366	49550	291	64	22.0%	$987	$954	$1,075	$1,041

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1379	49552	8	0	0.0%	$1,008	$1,009	$991	$1,019
1247	49555	13	4	30.8%	$838	$838	$843	$859
164	49560	978	170	17.4%	$950	$978	$1,072	$1,180
590	49565	116	21	18.1%	$875	$982	$1,004	$1,150
343	49570	331	30	9.1%	$972	$1,025	$1,038	$1,050
814	49575	55	3	5.5%	$900	$900	$1,022	$1,045
1947	49580	1	0	0.0%	$2,097	$2,097	$2,097	$2,097
71	49581	2,622	277	10.6%	$928	$908	$1,023	$982
895	49590	40	10	25.0%	$1,000	$889	$1,091	$1,063
1211	50200	15	3	20.0%	$525	$525	$525	$525
1788	50390	2	1	50.0%	$308	$308	$308	$308
1349	50392	9	5	55.6%	$500	$500	$448	$444
1789	50393	2	2	100.0%	$546	$546	$546	$546
1948	50395	1	0	0.0%	$310	$310	$310	$310
1380	50398	8	2	25.0%	$303	$303	$324	$321
1588	50553	4	3	75.0%	$677	$480	$677	$579
1949	50557	1	0	0.0%	$425	$425	$425	$425
78	50590	2,292	291	12.7%	$1,696	$1,921	$2,249	$2,492
1150	50690	18	12	66.7%	$286	$366	$285	$330
1950	50951	1	0	0.0%	$850	$850	$850	$850
1682	50953	3	2	66.7%	$350	$350	$429	$429
1951	50961	1	0	0.0%	$1,500	$1,500	$1,500	$1,500
1952	50972	1	0	0.0%	$854	$854	$854	$854
1953	50974	1	0	0.0%	$825	$825	$825	$825
463	50980	188	2	1.1%	$748	$2,500	$1,128	$2,441
1790	51005	2	0	0.0%	$450	$450	$450	$450
723	51010	73	20	27.4%	$500	$360	$610	$372
1683	51020	3	0	0.0%	$800	$800	$834	$834
1791	51030	2	0	0.0%	$515	$515	$515	$515
1417	51045	7	2	28.6%	$763	$800	$843	$872
1466	51500	6	0	0.0%	$750	$750	$895	$895
424	51600	216	46	21.3%	$553	$98	$588	$197
502	51610	163	92	56.4%	$615	$120	$506	$208
1589	51710	4	3	75.0%	$794	$975	$794	$885
558	51725	134	41	30.6%	$400	$430	$564	$811
266	51726	509	208	40.9%	$317	$358	$463	$569
271	51785	479	185	38.6%	$448	$495	$434	$478
1684	51880	3	2	66.7%	$604	$707	$604	$638
13	52000	20,803	9,623	46.3%	$581	$440	$672	$522
50	52005	3,808	1,556	40.9%	$682	$464	$725	$604
1003	52007	28	10	35.7%	$763	$815	$756	$763
1004	52010	28	13	46.4%	$630	$630	$635	$597

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
84	52204	2,013	823	40.9%	$690	$621	$774	$731
229	52214	649	255	39.3%	$727	$680	$812	$796
204	52224	752	346	46.0%	$703	$703	$732	$698
149	52234	1,100	518	47.1%	$739	$803	$803	$874
348	52235	322	185	57.5%	$816	$1,082	$985	$1,013
521	52240	153	86	56.2%	$894	$1,273	$974	$1,198
737	52250	70	19	27.1%	$656	$687	$727	$808
247	52260	574	97	16.9%	$707	$800	$777	$893
522	52270	153	37	24.2%	$614	$450	$702	$663
504	52275	161	59	36.6%	$680	$661	$746	$779
278	52276	461	206	44.7%	$635	$758	$776	$862
1792	52277	2	1	50.0%	$871	$871	$871	$871
42	52281	5,503	1,866	33.9%	$653	$596	$744	$754
1248	52283	13	4	30.8%	$565	$580	$504	$514
252	52285	545	97	17.8%	$700	$916	$792	$1,130
619	52290	106	12	11.3%	$663	$660	$687	$703
1525	52300	5	4	80.0%	$1,000	$1,250	$1,088	$1,240
1418	52305	7	4	57.1%	$696	$680	$1,036	$877
97	52310	1,627	427	26.2%	$646	$476	$723	$601
1151	52315	18	6	33.3%	$658	$658	$672	$630
920	52317	36	18	50.0%	$796	$971	$828	$871
1350	52318	9	4	44.4%	$900	$1,102	$937	$992
715	52320	75	18	24.0%	$813	$1,069	$940	$1,000
1317	52325	10	2	20.0%	$810	$958	$971	$1,232
561	52330	132	22	16.7%	$753	$618	$785	$727
137	52332	1,193	294	24.6%	$765	$684	$844	$777
1954	52334	1	0	0.0%	$734	$734	$734	$734
427	52335	212	54	25.5%	$921	$889	$1,107	$1,102
779	52336	61	3	4.9%	$1,206	$1,850	$1,219	$1,817
353	52337	311	36	11.6%	$1,545	$415	$2,000	$404
884	52338	42	4	9.5%	$788	$900	$807	$866
372	52340	280	189	67.5%	$802	$680	$867	$858
578	52500	125	85	68.0%	$765	$865	$835	$936
458	52601	192	26	13.5%	$1,082	$1,351	$1,119	$1,306
1955	52606	1		0.0%	$695	$695	$695	$695
1793	52612	2	1	50.0%	$838	$838	$838	$838
1467	52630	6	2	33.3%	$398	$398	$769	$581
1085	52640	22	12	54.5%	$625	$426	$725	$619
1956	52650	1	0	0.0%	$619	$619	$619	$619
754	53000	66	12	18.2%	$500	$1,400	$606	$1,316
1468	53010	6	0	0.0%	$965	$930	$965	$942
324	53020	364	29	8.0%	$589	$573	$607	$591

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1957	53040	1	0	0.0%	$575	$575	$575	$575
1168	53200	17	3	17.6%	$530	$384	$587	$538
1590	53210	4	1	25.0%	$540	$730	$540	$635
1685	53215	3	0	0.0%	$900	$900	$858	$858
1958	53220	1	1	100.0%	$662	$662	$662	$662
1062	53230	24	0	0.0%	$795	$795	$853	$908
1959	53235	1	0	0.0%	$243	$243	$243	$243
1591	53240	4	0	0.0%	$875	$875	$830	$830
1960	53250	1	0	0.0%	$900	$900	$900	$900
1005	53260	28	5	17.9%	$820	$879	$816	$1,063
544	53265	141	40	28.4%	$637	$850	$679	$772
1419	53275	7	7	100.0%	$640	$640	$744	$744
1228	53400	14	1	7.1%	$775	$716	$904	$839
1686	53410	3	2	66.7%	$600	$600	$631	$631
1961	53420	1	0	0.0%	$579	$579	$579	$579
1794	53447	2	0	0.0%	$1,712	$1,712	$1,712	$1,712
643	53450	97	12	12.4%	$482	$995	$686	$1,068
1687	53460	3	2	66.7%	$700	$550	$700	$650
1420	53520	7	0	0.0%	$1,100	$1,100	$1,043	$1,043
553	53605	137	45	32.8%	$371	$310	$443	$284
921	53665	36	10	27.8%	$498	$450	$570	$525
846	54001	50	18	36.0%	$550	$610	$546	$580
297	54057	434	7	1.6%	$638	$702	$721	$688
538	54060	144	2	1.4%	$520	$500	$614	$603
350	54065	320	6	1.9%	$635	$607	$773	$1,091
730	54100	71	8	11.3%	$525	$525	$571	$559
976	54105	30	13	43.3%	$450	$339	$478	$458
1381	54110	8	3	37.5%	$490	$490	$588	$576
1795	54115	2	1	50.0%	$928	$928	$928	$928
1592	54120	4	3	75.0%	$869	$869	$836	$836
390	54152	256	24	9.4%	$640	$730	$714	$790
43	54161	5,315	423	8.0%	$698	$737	$754	$780
695	54300	79	1	1.3%	$828	$942	$882	$971
1274	54360	12	1	8.3%	$813	$804	$967	$943
1796	54435	2	0	0.0%	$1,332	$1,332	$1,332	$1,332
1318	54440	10	9	90.0%	$673	$506	$713	$643
851	54450	49	1	2.0%	$498	$333	$553	$451
1526	54500	5	0	0.0%	$380	$380	$429	$429
467	54505	186	3	1.6%	$558	$590	$668	$714
847	54510	50	4	8.0%	$676	$688	$714	$756
112	54520	1,439	905	62.9%	$839	$749	$899	$839
449	54530	197	77	39.1%	$920	$958	$1,042	$1,045

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Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
631	54550	100	3	3.0%	$813	$922	$915	$1,155
1071	54600	23	0	0.0%	$797	$797	$823	$823
1298	54620	11	0	0.0%	$843	$900	$786	$804
166	54640	971	21	2.2%	$883	$950	$1,015	$1,025
891	54660	41	0	0.0%	$829	$800	$839	$803
1688	54670	3	0	0.0%	$288	$288	$315	$315
1962	54680	1	1	100.0%	$640	$640	$640	$640
875	54700	44	9	20.5%	$631	$1,204	$686	$971
1963	54800	1	0	0.0%	$300	$300	$300	$300
1382	54820	8	0	0.0%	$1,039	$887	$1,124	$1,043
882	54830	43	5	11.6%	$667	$675	$718	$704
311	54840	401	67	16.7%	$802	$813	$922	$914
567	54860	129	15	11.6%	$750	$745	$831	$815
1132	54861	19	2	10.5%	$960	$850	$933	$882
1383	54900	8	0	0.0%	$1,686	$1,686	$1,731	$1,745
1319	54901	10	0	0.0%	$2,100	$1,634	$1,909	$1,761
132	55040	1,238	225	18.2%	$820	$810	$893	$926
669	55041	90	26	28.9%	$964	$978	$1,113	$1,354
606	55060	110	13	11.8%	$795	$741	$791	$773
1689	55100	3	0	0.0%	$500	$500	$475	$475
770	55110	62	6	9.7%	$760	$778	$737	$697
1100	55120	21	4	19.0%	$658	$637	$719	$681
1469	55150	6	1	16.7%	$550	$500	$723	$678
1320	55175	10	1	10.0%	$618	$618	$603	$608
1593	55180	4	0	0.0%	$950	$950	$987	$987
1133	55200	19	0	0.0%	$625	$1,840	$993	$1,447
1072	55250	23	0	0.0%	$504	$550	$504	$542
268	55400	490	2	0.4%	$1,109	$1,225	$1,265	$1,283
526	55500	152	20	13.2%	$785	$795	$866	$895
532	55520	149	21	14.1%	$811	$784	$902	$835
198	55530	777	3	0.4%	$872	$825	$1,002	$1,014
588	55535	117	1	0.9%	$915	$900	$1,137	$1,044
1101	55540	21	2	9.5%	$970	$970	$1,001	$1,005
36	55700	6,495	4,194	64.6%	$478	$410	$590	$607
674	55705	87	44	50.6%	$559	$621	$643	$1,079
962	55720	32	20	62.5%	$760	$825	$693	$808
922	56000	36	8	22.2%	$647	$683	$717	$778
933	56100	34	5	14.7%	$666	$574	$704	$655
515	56200	155	4	2.6%	$747	$800	$818	$872
1964	56420	1	0	0.0%	$1,824	$1,824	$1,824	$1,824
195	56440	805	24	3.0%	$788	$790	$832	$856
111	56515	1,461	130	8.9%	$762	$849	$853	$865

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
474	56620	179	18	10.1%	$800	$784	$872	$847
1966	56625	1	0	0.0%	$720	$720	$720	$720
462	56700	190	4	2.1%	$605	$641	$675	$690
629	56720	101	2	2.0%	$594	$575	$626	$608
351	56740	313	10	3.2%	$765	$765	$800	$842
1470	56750	6	6	100.0%	$1,716	$1,716	$1,716	$1,716
1018	56800	27	1	3.7%	$669	$712	$674	$714
1036	57000	26	0	0.0%	$581	$1,234	$764	$1,004
1594	57010	4	1	25.0%	$738	$738	$964	$964
802	57020	57	3	5.3%	$723	$187	$635	$250
232	57065	625	20	3.2%	$772	$735	$899	$777
572	57105	127	38	29.9%	$598	$629	$625	$614
827	57130	52	5	9.6%	$700	$870	$774	$847
331	57135	352	28	8.0%	$637	$643	$708	$739
1797	57180	2	2	100.0%	$553	$553	$553	$553
1212	57200	15	0	0.0%	$480	$480	$647	$632
1102	57210	21	2	9.5%	$624	$625	$676	$680
1086	57240	22	1	4.5%	$735	$735	$728	$744
668	57250	91	2	2.2%	$800	$980	$932	$1,012
1321	57260	10	2	20.0%	$763	$763	$947	$1,112
1527	57265	5	1	20.0%	$1,500	$2,500	$1,645	$1,987
1471	57268	6	3	50.0%	$1,031	$1,031	$945	$945
970	57300	31	0	0.0%	$750	$750	$812	$804
1528	57320	5	0	0.0%	$633	$688	$616	$639
755	57400	66	9	13.6%	$550	$687	$543	$637
76	57410	2,364	167	7.1%	$445	$368	$551	$768
1045	57451	25	1	4.0%	$711	$550	$675	$559
860	57500	47	0	0.0%	$188	$188	$188	$188
30	57513	8,264	69	0.8%	$900	$848	$978	$918
23	57520	10,411	384	3.7%	$826	$813	$913	$866
1529	57530	5	2	40.0%	$356	$733	$480	$581
1472	57550	6	0	0.0%	$796	$796	$744	$744
599	57700	112	5	4.5%	$816	$937	$841	$935
497	57720	166	7	4.2%	$799	$900	$862	$894
386	57800	259	3	1.2%	$472	$623	$546	$629
237	57820	616	54	8.8%	$780	$1,077	$805	$985
5	58120	40,113	2,869	7.2%	$750	$712	$820	$764
426	58145	214	1	0.5%	$752	$460	$889	$756
750	58800	67	0	0.0%	$460	$730	$636	$896
1690	58820	3	0	0.0%	$614	$298	$614	$509
564	58900	131	3	2.3%	$493	$760	$719	$771

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
19	58980	16,180	155	1.0%	$1,010	$1,077	$1,193	$1,291
934	58982	34	0	0.0%	$864	$864	$864	$864
971	58983	31	0	0.0%	$1,719	$1,719	$1,719	$1,719
44	58984	5,206	25	0.5%	$1,150	$1,277	$1,331	$1,543
32	58985	7,234	43	0.6%	$1,135	$1,239	$1,321	$1,450
131	58986	1,276	27	2.1%	$1,060	$1,050	$1,239	$1,284
123	58987	1,348	12	0.9%	$1,050	$1,176	$1,197	$1,444
340	58988	335	3	0.9%	$1,050	$1,078	$1,259	$1,322
21	58990	14,173	500	3.5%	$863	$789	$977	$854
303	58992	423	6	1.4%	$910	$715	$1,013	$1,016
287	58994	444	6	1.4%	$1,000	$2,336	$1,156	$1,816
1967	59841	1	0	0.0%	$2,352	$2,352	$2,352	$2,352
1595	60000	4	0	0.0%	$755	$960	$755	$858
1152	60200	18	2	11.1%	$909	$909	$987	$977
987	60220	29	1	3.4%	$950	$1,817	$1,102	$1,358
1798	60225	2	1	50.0%	$1,720	$1,720	$1,720	$1,720
490	60280	169	12	7.1%	$929	$900	$985	$982
1596	60281	4	0	0.0%	$881	$881	$923	$923
1473	61055	6	0	0.0%	$298	$298	$298	$298
1968	61215	1	0	0.0%	$726	$726	$726	$726
1384	62230	8	0	0.0%	$850	$501	$799	$650
478	62270	177	46	26.0%	$350	$485	$390	$438
1597	62272	4	0	0.0%	$350	$350	$352	$351
202	62273	754	163	21.6%	$352	$276	$396	$361
192	62274	806	215	26.7%	$340	$330	$365	$411
475	62276	179	71	39.7%	$439	$618	$570	$735
1691	62277	3	3	100.0%	$396	$367	$396	$386
14	62278	19,774	5,843	29.5%	$370	$386	$417	$397
387	62279	259	45	17.4%	$330	$321	$383	$359
1249	62280	13	8	61.5%	$353	$575	$391	$518
457	62282	193	3	1.6%	$337	$332	$560	$378
233	62288	625	141	22.6%	$320	$350	$331	$354
7	62289	30,174	8,983	29.8%	$365	$352	$407	$427
616	63610	107	4	3.7%	$971	$971	$971	$971
1134	63650	19	8	42.1%	$1,150	$2,994	$1,705	$2,684
1385	63660	8	2	25.0%	$722	$785	$778	$857
1103	63685	21	8	38.1%	$796	$4,091	$1,147	$2,705
1421	63688	7	0	0.0%	$850	$525	$675	$632
1969	63744	1	1	100.0%	$300	$300	$300	$300
896	63780	40	1	2.5%	$770	$665	$871	$712
1153	64410	18	6	33.3%	$368	$531	$366	$458
472	64415	181	30	16.6%	$338	$350	$384	$341

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
371	64417	285	21	7.4%	$350	$350	$350	$331
235	64420	622	290	46.6%	$350	$312	$415	$388
236	64421	619	231	37.3%	$340	$304	$378	$297
1087	64430	22	5	22.7%	$355	$484	$473	$738
65	64442	2,803	910	32.5%	$355	$584	$501	$668
162	64443	988	352	35.6%	$395	$677	$533	$706
46	64510	4,335	628	14.5%	$350	$350	$402	$386
67	64520	2,699	569	21.1%	$379	$413	$437	$437
1229	64530	14	4	28.6%	$307	$328	$297	$342
1135	64600	19	10	52.6%	$446	$971	$621	$947
1598	64620	4	1	25.0%	$900	$1,353	$928	$1,147
346	64622	324	125	38.6%	$861	$1,102	$919	$1,255
900	64623	39	6	15.4%	$1,565	$1,705	$1,129	$1,189
1422	64630	7	0	0.0%	$300	$300	$300	$300
1799	64680	2	1	50.0%	$640	$640	$640	$640
397	64702	245	17	6.9%	$800	$734	$864	$786
314	64704	390	48	12.3%	$800	$766	$923	$914
309	64708	403	27	6.7%	$794	$619	$981	$783
1599	64712	4	0	0.0%	$850	$850	$901	$888
1692	64714	3	2	66.7%	$410	$410	$531	$531
1275	64716	12	0	0.0%	$874	$698	$850	$819
90	64718	1,753	198	11.3%	$899	$882	$1,017	$967
153	64719	1,075	152	14.1%	$856	$725	$971	$819
8	64721	29,912	5,317	17.8%	$884	$876	$954	$937
305	64722	415	38	9.2%	$823	$875	$905	$863
901	64726	39	6	15.4%	$831	$738	$872	$799
277	64727	470	96	20.4%	$728	$480	$756	$556
1970	64732	1	0	0.0%	$418	$418	$418	$418
1800	64734	2	1	50.0%	$863	$863	$863	$863
1971	64740	1	1	100.0%	$868	$868	$868	$868
1693	64742	3	2	66.7%	$1,510	$2,500	$1,510	$1,840
1423	64744	7	3	42.9%	$650	$650	$647	$647
1530	64771	5	1	20.0%	$525	$695	$580	$626
935	64772	34	4	11.8%	$530	$466	$660	$500
339	64774	337	36	10.7%	$765	$750	$844	$832
492	64776	168	19	11.3%	$749	$748	$804	$740
1386	64778	8	3	37.5%	$600	$600	$760	$760
167	64782	962	108	11.2%	$827	$889	$890	$1,038
1600	64783	4	0	0.0%	$575	$425	$642	$550
838	64784	51	6	11.8%	$900	$945	$911	$907
1972	64786	1	0	0.0%	$772	$772	$772	$772
821	64787	53	4	7.5%	$670	$650	$757	$841

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
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(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
701	64788	78	8	10.3%	$698	$624	$747	$687
1299	64790	11	1	9.1%	$734	$717	$850	$829
1531	64792	5	0	0.0%	$933	$925	$1,159	$1,112
644	64795	97	37	38.1%	$676	$584	$714	$617
1694	64802	3	0	0.0%	$1,431	$1,431	$1,431	$1,431
312	64830	401	18	4.5%	$952	$891	$1,077	$956
222	64831	684	19	2.8%	$851	$725	$961	$824
702	64832	78	4	5.1%	$564	$741	$677	$689
688	64834	83	6	7.2%	$856	$725	$986	$866
1019	64835	27	1	3.7%	$862	$865	$841	$864
807	64836	56	0	0.0%	$1,050	$1,050	$1,108	$1,127
1695	64837	3	1	33.3%	$287	$444	$287	$339
1801	64840	2	0	0.0%	$1,036	$1,036	$1,036	$1,036
902	64856	39	2	5.1%	$1,006	$1,011	$1,064	$1,187
1112	64857	20	2	10.0%	$964	$1,120	$1,023	$1,075
1973	64859	1	0	0.0%	$650	$650	$650	$650
1696	64864	3	0	0.0%	$978	$1,000	$978	$985
1974	64865	1	0	0.0%	$1,000	$1,000	$1,000	$1,000
1113	64872	20	0	0.0%	$795	$806	$759	$774
1474	64874	6	1	16.7%	$773	$725	$839	$792
865	64890	46	2	4.3%	$1,055	$1,140	$987	$941
1802	64891	2	0	0.0%	$1,223	$1,223	$1,223	$1,223
1697	64893	3	1	33.3%	$1,427	$1,225	$1,427	$1,359
1698	64896	3	0	0.0%	$895	$895	$1,018	$1,018
1803	64897	2	0	0.0%	$2,000	$2,000	$2,000	$2,000
1601	64898	4	0	0.0%	$856	$793	$1,054	$973
1046	65091	25	14	56.0%	$800	$810	$990	$1,007
848	65093	50	19	38.0%	$648	$690	$795	$783
852	65101	49	23	46.9%	$854	$873	$884	$931
861	65103	47	24	51.1%	$851	$810	$862	$827
625	65105	102	40	39.2%	$845	$862	$988	$1,109
1532	65110	5	1	20.0%	$676	$700	$718	$714
936	65130	34	16	47.1%	$792	$820	$952	$911
1533	65135	5	1	20.0%	$450	$450	$513	$500
1534	65140	5	1	20.0%	$1,260	$1,260	$1,233	$1,119
705	65150	77	53	68.8%	$698	$500	$704	$632
1114	65155	20	5	25.0%	$800	$686	$802	$765
760	65175	64	32	50.0%	$549	$430	$663	$572
731	65235	71	37	52.1%	$526	$399	$643	$503
1602	65260	4	1	25.0%	$489	$489	$537	$537
1073	65265	23	8	34.8%	$670	$1,200	$923	$1,640
988	65270	29	4	13.8%	$756	$712	$770	$851

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
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Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
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1250	65272	13	4	30.8%	$415	$500	$454	$485
1006	65275	28	5	17.9%	$735	$709	$919	$833
650	65280	95	29	30.5%	$670	$722	$764	$1,293
624	65285	103	58	56.3%	$750	$750	$877	$855
1074	65290	23	8	34.8%	$519	$538	$610	$612
281	65400	456	200	43.9%	$500	$500	$603	$580
1020	65410	27	12	44.4%	$428	$379	$548	$518
38	65420	6,083	2,052	33.7%	$550	$500	$650	$632
130	65426	1,285	400	31.1%	$800	$770	$839	$824
306	65710	408	188	46.1%	$1,440	$1,650	$1,586	$1,575
74	65730	2,469	1,622	65.7%	$1,200	$1,250	$1,482	$1,558
1975	65740	1	1	100.0%	$4,500	$4,500	$4,500	$4,500
115	65750	1,409	1,077	76.4%	$1,200	$1,320	$1,478	$1,511
374	65755	278	227	81.7%	$1,136	$1,150	$1,402	$1,511
1976	65771	1	0	0.0%	$1,500	$1,500	$1,500	$1,500
796	65800	58	40	69.0%	$373	$368	$418	$383
866	65805	46	38	82.6%	$418	$500	$478	$615
400	65810	240	184	76.7%	$541	$462	$690	$666
651	65815	95	87	91.6%	$478	$364	$590	$515
376	65850	277	147	53.1%	$895	$905	$924	$1,096
1535	65855	5	4	80.0%	$1,200	$1,200	$1,200	$1,200
584	65865	119	57	47.9%	$565	$800	$694	$981
464	65870	188	144	76.6%	$600	$550	$671	$572
359	65875	300	235	78.3%	$714	$790	$739	$861
1424	65880	7	5	71.4%	$605	$605	$540	$540
1300	65900	11	3	27.3%	$765	$765	$958	$1,008
159	65920	1,026	812	79.1%	$950	$1,033	$1,097	$1,151
657	65930	94	66	70.2%	$760	$746	$836	$815
422	66020	221	71	32.1%	$368	$268	$421	$374
122	66030	1,356	849	62.6%	$265	$150	$312	$213
951	66130	33	18	54.5%	$824	$790	$870	$809
473	66150	181	150	82.9%	$736	$722	$876	$818
433	66155	209	163	78.0%	$857	$874	$925	$930
245	66160	597	481	80.6%	$700	$600	$827	$723
1301	66165	11	11	100.0%	$646	$646	$646	$646
22	66170	10,755	7,843	72.9%	$810	$782	$913	$863
1977	66220	1	1	100.0%	$1,300	$1,300	$1,300	$1,300
1387	66225	8	6	75.0%	$621	$551	$645	$596
85	66250	2,010	1,392	69.3%	$605	$523	$722	$645
706	66500	77	47	61.0%	$620	$640	$711	$639
1213	66505	15	12	80.0%	$443	$400	$405	$357
550	66600	138	76	55.1%	$700	$733	$867	$941

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS

(IN NUMERIC ORDER BY CPT CODE)

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Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
416	66605	224	182	81.3%	$457	$528	$608	$492
75	66625	2,385	1,845	77.4%	$550	$450	$665	$544
437	66630	205	157	76.6%	$523	$475	$619	$554
517	66635	154	122	79.2%	$575	$590	$697	$688
260	66680	520	387	74.4%	$547	$545	$655	$611
267	66682	508	373	73.4%	$600	$590	$725	$699
1388	66700	8	7	87.5%	$850	$505	$736	$592
789	66710	59	32	54.2%	$1,000	$797	$1,028	$941
382	66720	266	181	68.0%	$500	$550	$616	$721
405	66740	237	184	77.6%	$998	$795	$1,029	$843
1804	66761	2	2	100.0%	$1,200	$1,200	$1,200	$1,200
379	66762	270	189	70.0%	$425	$400	$551	$568
2	66821	143,981	118,872	82.6%	$470	$467	$533	$533
349	66830	321	375	116.8%	$724	$2,413	$839	$1,800
381	66840	267	180	67.4%	$800	$638	$894	$812
86	66850	1,932	1,238	64.1%	$1,142	$1,229	$1,258	$1,306
1136	66852	19	9	47.4%	$1,030	$760	$1,079	$917
1536	66899	5	3	60.0%	$1,000	$1,000	$1,000	$1,000
652	66920	95	47	49.5%	$960	$960	$1,028	$1,042
603	66930	111	74	66.7%	$1,000	$1,282	$1,168	$1,445
142	66940	1,159	720	62.1%	$970	$856	$1,079	$1,051
68	66983	2,685	1,847	68.8%	$1,430	$1,372	$1,531	$1,579
1	66984	389,787	315,304	80.9%	$1,445	$1,450	$1,567	$1,564
27	66985	8,741	6,498	74.3%	$1,150	$1,150	$1,292	$1,289
527	66986	152	107	70.4%	$1,000	$1,272	$1,224	$1,420
89	67005	1,814	1,370	75.5%	$701	$700	$803	$746
49	67010	3,972	3,196	80.5%	$714	$670	$897	$886
435	67015	208	135	64.9%	$500	$500	$696	$738
129	67025	1,288	584	45.3%	$425	$295	$542	$304
356	67030	305	69	22.6%	$650	$426	$657	$499
401	67031	240	176	73.3%	$488	$408	$542	$534
58	67036	3,275	1,966	60.0%	$843	$1,371	$1,100	$1,777
505	67038	161	80	49.7%	$1,000	$1,000	$1,552	$1,903
1425	67039	7	5	71.4%	$1,598	$1,945	$2,080	$2,060
604	67040	111	52	46.8%	$1,361	$1,200	$1,769	$1,549
298	67101	428	100	23.4%	$738	$616	$954	$753
163	67105	986	429	43.5%	$643	$575	$783	$555
183	67107	849	420	49.5%	$1,058	$970	$1,244	$1,145
248	67108	572	281	49.1%	$1,200	$2,930	$1,574	$2,458
876	67109	44	33	75.0%	$897	$871	$931	$879
1007	67112	28	13	46.4%	$1,012	$1,014	$953	$1,004
1537	67115	5	0	0.0%	$480	$500	$685	$648

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
542	67120	142	76	53.5%	$527	$1,000	$737	$1,388
1104	67121	21	17	81.0%	$450	$388	$479	$438
362	67141	298	126	42.3%	$453	$415	$528	$548
355	67208	307	101	32.9%	$462	$952	$533	$795
790	67210	59	37	62.7%	$1,300	$1,300	$1,300	$1,300
989	67218	29	11	37.9%	$2,793	$2,793	$2,793	$2,793
152	67227	1,082	443	40.9%	$400	$381	$522	$534
1191	67228	16	11	68.8%	$1,300	$1,300	$1,300	$1,300
1389	67250	8	4	50.0%	$703	$600	$662	$602
937	67255	34	24	70.6%	$696	$670	$804	$741
80	67311	2,257	345	15.3%	$845	$900	$950	$879
48	67312	4,100	301	7.3%	$890	$925	$991	$968
439	67314	203	29	14.3%	$797	$750	$889	$877
640	67316	98	5	5.1%	$785	$785	$819	$827
853	67318	49	3	6.1%	$693	$695	$827	$894
771	67320	62	7	11.3%	$751	$751	$871	$805
711	67331	76	12	15.8%	$730	$848	$752	$812
428	67332	212	30	14.2%	$810	$897	$898	$962
1699	67350	3	1	33.3%	$852	$1,356	$852	$1,020
703	67400	78	27	34.6%	$750	$742	$899	$966
1538	67405	5	4	80.0%	$713	$800	$824	$923
498	67412	166	55	33.1%	$750	$750	$931	$879
1169	67413	17	2	11.8%	$725	$750	$849	$842
1008	67415	28	5	17.9%	$720	$375	$751	$732
1539	67420	5	0	0.0%	$643	$700	$764	$870
1805	67430	2	1	50.0%	$950	$950	$950	$950
1540	67440	5	0	0.0%	$1,325	$1,325	$1,235	$1,292
1426	67450	7	2	28.6%	$1,000	$1,050	$1,321	$1,944
1009	67550	28	6	21.4%	$897	$897	$1,082	$1,136
977	67560	30	11	36.7%	$650	$619	$821	$811
485	67715	171	120	70.2%	$515	$1,050	$650	$839
1276	67800	12	3	25.0%	$225	$225	$225	$225
241	67808	606	90	14.9%	$616	$613	$708	$664
1978	67810	1	1	100.0%	$100	$100	$100	$100
839	67830	51	37	72.5%	$453	$497	$517	$520
1351	67835	9	6	66.7%	$405	$405	$574	$563
274	67880	475	318	66.9%	$550	$580	$623	$613
665	67882	92	61	66.3%	$700	$664	$817	$773
181	67901	852	422	49.5%	$897	$844	$986	$1,027
591	67902	116	27	23.3%	$926	$887	$1,054	$1,075
147	67903	1,137	776	68.2%	$800	$629	$897	$765
40	67904	5,799	3,840	66.2%	$750	$722	$910	$952

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
1322	67906	10	4	40.0%	$748	$748	$800	$811
70	67908	2,649	2,264	85.5%	$728	$800	$794	$825
327	67909	357	212	59.4%	$785	$759	$847	$840
507	67911	160	43	26.9%	$650	$609	$831	$856
165	67914	975	733	75.2%	$742	$690	$802	$782
205	67916	746	582	78.0%	$684	$650	$761	$755
99	67917	1,623	1,308	80.6%	$700	$640	$808	$767
110	67921	1,467	1,168	79.6%	$673	$725	$699	$724
180	67923	854	701	82.1%	$700	$695	$785	$783
116	67924	1,405	1,131	80.5%	$659	$650	$767	$724
300	67935	425	383	90.1%	$566	$1,200	$646	$1,091
169	67950	950	640	67.4%	$578	$511	$727	$795
118	67961	1,397	831	59.5%	$681	$682	$793	$802
178	67966	864	498	57.6%	$642	$599	$769	$753
568	67971	129	62	48.1%	$800	$800	$1,015	$1,026
877	67973	44	29	65.9%	$848	$700	$1,121	$874
938	67974	34	21	61.8%	$823	$1,046	$1,059	$1,245
822	67975	53	32	60.4%	$500	$528	$616	$683
1806	68110	2	20	1000.0%	$275	$275	$275	$275
617	68130	107	42	39.3%	$520	$500	$600	$564
347	68320	324	150	46.3%	$700	$563	$813	$723
1021	68325	27	13	48.1%	$800	$785	$1,018	$878
694	68326	80	31	38.8%	$700	$550	$752	$624
1323	68328	10	4	40.0%	$800	$785	$884	$854
1115	68330	20	11	55.0%	$650	$625	$642	$626
1214	68335	15	4	26.7%	$877	$730	$900	$710
1603	68340	4	2	50.0%	$535	$535	$598	$598
963	68360	32	18	56.3%	$510	$429	$569	$492
607	68362	110	79	71.8%	$540	$525	$626	$571
1541	68500	5	2	40.0%	$490	$490	$490	$490
1604	68505	4	3	75.0%	$700	$700	$810	$810
1154	68510	18	4	22.2%	$675	$600	$720	$659
1116	68520	20	10	50.0%	$800	$891	$847	$895
1807	68525	2	1	50.0%	$568	$568	$568	$568
1324	68540	10	4	40.0%	$700	$675	$804	$679
460	68700	191	92	48.2%	$525	$746	$653	$695
225	68720	665	357	53.7%	$1,010	$974	$1,092	$1,078
1605	68745	4	3	75.0%	$674	$1,187	$975	$1,156
600	68750	112	54	48.2%	$1,072	$1,070	$1,133	$1,204
107	68825	1,501	42	2.8%	$541	$520	$593	$571
388	69110	257	92	35.8%	$611	$638	$678	$673
1475	69120	6	2	33.3%	$529	$529	$676	$676

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
878	69140	44	7	15.9%	$845	$845	$938	$880
448	69145	198	28	14.1%	$613	$603	$686	$655
1170	69150	17	7	41.2%	$950	$950	$934	$922
182	69205	850	14	1.6%	$519	$482	$612	$534
1606	69300	4	0	0.0%	$1,220	$1,840	$1,220	$1,530
1808	69301	2	0	0.0%	$2,312	$2,312	$2,312	$2,312
808	69310	56	11	19.6%	$747	$615	$831	$679
1230	69320	14	0	0.0%	$952	$945	$1,063	$1,015
28	69421	8,384	202	2.4%	$550	$509	$643	$586
88	69424	1,822	6	0.3%	$523	$517	$560	$559
1809	69433	2	0	0.0%	$575	$575	$575	$575
4	69436	42,949	251	0.6%	$640	$600	$708	$630
333	69440	346	32	9.2%	$723	$600	$818	$739
1979	69444	1	0	0.0%	$1,225	$1,225	$1,225	$1,225
908	69450	38	5	13.2%	$623	$408	$648	$527
511	69501	157	7	4.5%	$1,316	$1,177	$1,420	$1,272
1037	69502	26	1	3.8%	$1,129	$881	$1,121	$1,096
1047	69505	25	4	16.0%	$1,382	$1,496	$1,490	$1,503
1088	69511	22	6	27.3%	$1,263	$1,263	$1,293	$1,233
1542	69550	5	0	0.0%	$584	$584	$564	$564
1302	69601	11	3	27.3%	$1,037	$931	$1,224	$1,173
1543	69602	5	0	0.0%	$1,800	$1,800	$1,837	$1,837
1700	69603	3	1	33.3%	$1,775	$1,800	$1,775	$1,783
972	69604	31	0	0.0%	$1,160	$1,479	$1,355	$1,345
210	69620	725	9	1.2%	$800	$809	$893	$977
77	69631	2,342	200	8.5%	$1,100	$991	$1,223	$1,188
383	69632	265	128	48.3%	$1,050	$1,025	$1,180	$1,154
772	69633	62	15	24.2%	$1,233	$1,190	$1,396	$1,323
451	69635	196	23	11.7%	$1,331	$1,500	$1,381	$1,452
724	69636	73	5	6.8%	$1,482	$1,482	$1,559	$1,529
1048	69637	25	1	4.0%	$1,581	$1,524	$1,600	$1,583
321	69641	371	34	9.2%	$1,372	$1,355	$1,582	$1,606
476	69642	179	15	8.4%	$1,334	$1,213	$1,585	$1,476
815	69643	54	4	7.4%	$1,506	$1,612	$1,601	$1,548
1089	69644	22	4	18.2%	$1,550	$2,223	$1,926	$2,035
1215	69645	15	1	6.7%	$1,424	$1,405	$1,421	$1,452
1192	69646	16	0	0.0%	$1,500	$1,609	$1,572	$1,778
1427	69650	7	0	0.0%	$642	$647	$797	$776
342	69660	332	36	10.8%	$1,223	$1,054	$1,367	$1,293
973	69661	31	5	16.1%	$900	$1,021	$1,062	$1,314
1251	69662	13	3	23.1%	$911	$839	$1,085	$1,074
1063	69666	24	2	8.3%	$800	$1,312	$912	$1,114

TABLE 14.2 SURGICAL PROCEDURE VOLUME AND AVERAGE BILLED CHARGE FOR FACILITIES WHERE SURVEY PERIOD = 12 MONTHS
(IN NUMERIC ORDER BY CPT CODE)
Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p 40
(**Volume totals are different because outlier charge data were trimmed.)

Volume Ranking (1=highest volume; 1982= lowest volume)	CPT Code	Total Volume	Medicare Patient Volume	Percent of Total Volume Attributed to Medicare Patients	Average Billed Charge: Median	Average Billed Charge: Weighted Median	Average Billed Charge: Mean	Average Billed Charge: Weighted Mean
928	69667	35	2	5.7%	$1,175	$1,035	$1,159	$1,248
1701	69670	3	0	0.0%	$975	$975	$953	$953
1476	69676	6	1	16.7%	$1,050	$1,438	$1,104	$1,261
1477	69700	6	1	16.7%	$1,397	$1,235	$1,538	$1,426
1478	69720	6	1	16.7%	$1,080	$1,140	$1,144	$1,203
1980	69740	1	1	100.0%	$700	$700	$700	$700
1981	69801	1	1	100.0%	$850	$850	$850	$850
1352	69806	9	0	0.0%	$1,375	$1,650	$1,396	$1,537
1982	69820	1	0	0.0%	$825	$825	$825	$825

TABLE 15.1
BASIS FOR BILLING FOR FACILITY SERVICES, BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 30 I)

Facility Type	1 Uniform Charge	2 Time & Material	3 Combination of 1 and 2	4 Other
Independent				
No. of ASCs	542	74	96	23
% of total	50.0%	6.8%	8.9%	2.1%
Chain/multi-facility				
No. of ASCs	86	8	127	4
% of total	7.9%	0.7%	11.7%	0.4%
Hospital operated				
No. of ASCs	22	2	6	3
% of total	2.0%	0.2%	0.6%	0.3%
Other				
No. of ASCs	58	11	12	4
% of total	5.4%	1.0%	1.1%	0.4%

(Data missing on 5 surveys; reporting errors on 5 surveys)

TABLE 15.2
BASIS FOR BILLING FOR FACILITY SERVICES, NATIONAL
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 30 I)

Basis for Billing	No. of ASCs	Percent of Total
Standard Fee	711	65.7%
Time & Material	95	8.8%
Combination	241	22.3%
Other	34	3.1%

(Data missing on 5 surveys; reporting errors on 2 surveys)

TABLE 16.1
BILLING FOR MULTIPLE PROCEDURES PERFORMED
IN ONE OPERATIVE SESSION BY TYPE OF FACILITY
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 29 H)

Facility Type	1 100 % for all	2 100% highest group; 50% all others	3 100% primary; 50% secondary; 25% others	4 Other
Independent				
No. of ASCs	277	195	130	127
% of total	25.6%	18.0%	12.0%	11.7%
Chain/multi-facility				
No. of ASCs	46	47	28	103
% of total	4.3%	4.3%	2.6%	9.5%
Hospital operated				
No. of ASCs	4	11	11	7
% of total	0.4%	1.0%	1.0%	0.6%
Other				
No. of ASCs	21	28	18	17
% of total	1.9%	2.6%	1.7%	1.6%

(Data missing on 6 surveys; reporting errors on 12 surveys)

TABLE 16.2
BILLING FOR MULTIPLE PROCEDURES PERFORMED
IN ONE OPERATIVE SESSION (NATIONAL)
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 29 H)

Billing Method	No. of ASCs	Percent of Total
100% for all	348	32.2%
100% highest; 50% others	283	26.2%
100% primary/ 50% second/ 25% others	188	17.4%
Other	254	23.5%

(Data missing on 6 surveys; reporting errors on 9 surveys)

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TABLE 17.1
AVERAGE BILLED CHARGE BY TYPE OF OWNERSHIP
FOR 20 HIGHEST VOLUME PROCEDURES WITHIN OWNERSHIP CATEGORY
(Form HCFA-452, p 26 H; pp 40 & 42)

Type of Ownership	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WGHTED MEDIAN
One Physician	22505	5	1,879	3	$916	$776	$900	$900
	28285	46	2,703	1,085	$812	$893	$550	$574
	30520	38	1,929	141	$1,317	$1,174	$1,110	$900
	43235	34	4,257	1,486	$571	$407	$450	$450
	43239	28	2,911	1,251	$591	$733	$493	$500
	45378	30	4,022	1,516	$631	$551	$550	$475
	45380	30	2,138	725	$887	$993	$599	$605
	45385	26	2,611	1,340	$774	$784	$612	$600
	62278	14	1,036	339	$426	$389	$350	$300
	62289	11	6,486	1,620	$442	$632	$400	$511
	64721	40	1,050	113	$1,006	$1,183	$862	$1,000
	65420	144	2,008	937	$572	$710	$470	$500
	66170	150	3,274	2,615	$880	$812	$750	$722
	66625	48	981	830	$670	$583	$549	$450
	66821	172	57,870	49,061	$533	$555	$451	$470
	66984	190	120,541	100,899	$1,456	$1,461	$1,258	$1,350
	66985	177	2,774	2,163	$1,217	$1,276	$1,092	$1,150
	67010	85	1,484	1,291	$943	$897	$800	$701
	67904	84	1,879	1,269	$883	$1,053	$703	$750
	67908	46	2,002	1,828	$804	$815	$718	$800

TABLE 17.1
AVERAGE BILLED CHARGE BY TYPE OF OWNERSHIP
FOR 20 HIGHEST VOLUME PROCEDURES WITHIN OWNERSHIP CATEGORY
(Form HCFA-452, p 26 H; pp 40 & 42)

Type of Ownership	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WGHTED MEDIAN
2 or More Physicians	19120	96	6,842	1,362	$737	$779	$692	$731
	28285	92	4,198	1,136	$735	$686	$654	$614
	29881	73	6,466	780	$1,387	$1,423	$1,354	$1,363
	30520	89	3,530	236	$1,041	$1,048	$930	$915
	43235	82	12,861	4,688	$452	$422	$403	$372
	43239	81	12,466	4,740	$484	$453	$457	$425
	45378	88	16,029	6,728	$493	$499	$458	$451
	45380	82	7,721	3,024	$525	$516	$493	$475
	45385	80	9,047	4,541	$556	$536	$513	$514
	49505	87	4,433	941	$993	$1,020	$909	$909
	52000	61	10,064	4,636	$510	$431	$479	$367
	58120	87	8,465	692	$661	$632	$620	$612
	58990	53	3,240	84	$793	$801	$750	$707
	62278	42	4,946	1,680	$366	$372	$336	$340
	62289	28	5,833	1,819	$357	$331	$353	$286
	64721	110	7,222	1,350	$809	$757	$746	$740
	66170	122	3,436	2,471	$880	$875	$752	$800
	66821	113	44,135	36,792	$503	$500	$450	$450
	66984	153	104,172	84,258	$1,475	$1,419	$1,359	$1,350
	69436	64	9,440	41	$578	$541	$524	$511

TABLE 17.1
AVERAGE BILLED CHARGE BY TYPE OF OWNERSHIP
FOR 20 HIGHEST VOLUME PROCEDURES WITHIN OWNERSHIP CATEGORY
(Form HCFA-452, p 26 H; pp 40 & 42)

Type of Ownership	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WGHTED MEDIAN
Group, some physicians	19120	110	9,898	1,656	$861	$906	$846	$877
	28285	114	5,658	1,696	$890	$848	$765	$795
	29870	92	5,171	249	$1,413	$1,340	$1,317	$1,282
	29877	92	5,406	460	$1,449	$1,407	$1,304	$1,250
	29881	95	9,928	1,122	$1,559	$1,484	$1,442	$1,366
	43235	68	9,609	3,253	$493	$439	$457	$413
	43239	67	6,339	2,530	$573	$531	$546	$477
	45378	72	12,059	4,890	$576	$504	$509	$489
	45385	70	6,933	3,261	$634	$596	$601	$574
	49505	114	6,980	1,312	$1,141	$1,148	$1,041	$1,004
	58120	121	14,515	924	$758	$702	$715	$666
	58980	105	5,721	47	$1,089	$1,143	$986	$1,000
	58990	88	5,436	158	$812	$743	$705	$645
	62278	56	5,124	1,490	$411	$429	$385	$440
	62289	51	7,766	2,782	$385	$375	$352	$352
	64721	119	10,916	1,919	$993	$990	$900	$913
	66821	62	16,387	13,564	$528	$496	$480	$443
	66984	111	54,507	43,157	$1,599	$1,527	$1,542	$1,492
	69421	53	4,955	145	$616	$523	$557	$436
	69436	86	13,737	64	$651	$591	$557	$520

TABLE 17.1
AVERAGE BILLED CHARGE BY TYPE OF OWNERSHIP
FOR 20 HIGHEST VOLUME PROCEDURES WITHIN OWNERSHIP CATEGORY
(Form HCFA-452, p 26 H; pp 40 & 42)

Type of Ownership	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WGHTED MEDIAN
No Physician Owner(s)	19120	23	1,079	168	$813	$867	$789	$950
	28285	29	1,661	337	$828	$805	$828	$766
	29877	17	1,209	165	$1,461	$1,557	$1,550	$1,850
	29881	18	1,853	281	$1,438	$1,580	$1,485	$1,500
	30520	22	1,130	49	$1,115	$1,165	$924	$1,085
	43239	14	1,962	696	$615	$601	$548	$482
	45378	12	2,956	915	$636	$605	$611	$582
	45380	13	2,318	658	$663	$489	$613	$303
	45385	13	1,497	586	$753	$728	$700	$595
	49505	26	1,318	215	$993	$903	$1,017	$1,000
	58120	28	4,354	261	$817	$814	$794	$800
	58980	22	1,338	17	$1,117	$955	$1,058	$860
	58990	15	1,107	36	$847	$654	$692	$585
	62278	13	1,173	281	$411	$372	$279	$450
	64721	30	2,008	344	$844	$872	$847	$950
	66821	12	3,589	2,834	$616	$542	$497	$492
	66850	6	1,112	755	$1,242	$1,353	$1,265	$1,229
	66984	27	14,481	11,800	$1,627	$1,580	$1,550	$1,628
	69421	11	1,516	9	$642	$641	$533	$545
	69436	15	2,543	13	$707	$556	$611	$526

TABLE 17.1
AVERAGE BILLED CHARGE BY TYPE OF OWNERSHIP
FOR 20 HIGHEST VOLUME PROCEDURES WITHIN OWNERSHIP CATEGORY
(Form HCFA-452, p 26 H; pp 40 & 42)

Type of Ownership	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WGHTED MEDIAN
Other	19120	103	10,686	1,844	$994	$880	$945	$800
	28285	112	4,790	1,208	$1,297	$1,249	$1,177	$1,140
	29877	88	5,402	556	$1,787	$1,502	$1,821	$1,394
	29881	94	10,250	1,198	$1,852	$1,635	$1,869	$1,597
	30520	111	5,237	188	$1,421	$1,290	$1,227	$1,200
	43235	49	5,268	1,769	$687	$617	$662	$595
	43239	47	4,971	1,844	$712	$680	$650	$609
	45378	64	8,561	3,778	$722	$686	$652	$608
	45385	54	5,542	2,663	$792	$876	$707	$773
	49505	104	5,829	1,024	$1,312	$1,189	$1,129	$1,043
	52000	58	4,817	2,069	$800	$639	$734	$465
	58120	110	12,306	959	$980	$910	$939	$857
	58980	103	6,065	43	$1,504	$1,650	$1,265	$1,395
	58990	88	4,276	213	$1,276	$1,088	$1,246	$992
	62278	55	7,495	2,053	$462	$396	$421	$378
	62289	46	9,622	2,687	$435	$387	$375	$349
	64721	119	8,716	1,591	$1,060	$1,004	$970	$909
	66821	84	22,000	16,621	$563	$568	$517	$518
	66984	132	96,086	75,190	$1,796	$1,867	$1,815	$1,928
	69436	87	16,467	123	$801	$722	$725	$675

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TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
ALABAMA	19120	6	980	103	$902	$890	$900	$899
	20680	9	357	49	$822	$871	$825	$850
	29877	8	375	44	$1,727	$1,910	$1,686	$1,845
	29881	8	866	131	$1,761	$1,821	$1,672	$1,873
	30520	11	805	35	$1,051	$1,077	$1,018	$1,018
	45378	6	953	353	$628	$613	$607	$575
	45385	6	424	190	$699	$641	$704	$643
	49505	9	337	43	$1,083	$1,098	$807	$807
	57513	7	576	10	$1,013	$1,145	$828	$950
	58120	8	1,030	53	$818	$881	$829	$981
	58980	8	585	5	$1,127	$1,285	$973	$1,290
	58990	7	536	22	$994	$1,017	$900	$950
	64721	9	1,127	201	$966	$998	$925	$1,036
	66821	9	4,669	3,333	$568	$535	$550	$550
	66984	10	9,880	7,086	$1,769	$1,636	$1,814	$1,707
	67010	6	356	230	$817	$659	$659	$517
	69436	8	4,239	9	$638	$666	$649	$600
ARKANSAS	30520	7	1,565	155	$907	$889	$900	$900
	31536	6	485	85	$605	$624	$625	$625
	42826	6	236	3	$866	$909	$775	$800
	43235	6	2,177	652	$508	$440	$459	$450
	66821	7	2,722	2,478	$451	$464	$407	$407
	66984	8	5,368	4,790	$1,127	$1,134	$1,035	$932
	69436	6	2,092	2	$830	$773	$783	$675
	69631	6	392	75	$1,036	$971	$950	$950

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
ARIZONA	19120	14	746	243	$642	$598	$594	$502
	20680	18	531	123	$677	$769	$572	$637
	28285	21	1,205	499	$622	$569	$550	$575
	29881	11	718	111	$1,214	$1,392	$1,153	$1,450
	43235	9	503	388	$359	$316	$325	$289
	43239	7	645	464	$463	$431	$440	$440
	45378	8	862	599	$451	$437	$439	$424
	45385	7	773	604	$506	$417	$454	$388
	49505	15	651	150	$786	$768	$675	$700
	52000	9	590	354	$402	$372	$374	$374
	58120	13	1,334	196	$554	$511	$476	$447
	62278	15	1,647	441	$351	$412	$311	$355
	62289	13	4,457	1,847	$338	$338	$355	$349
	64442	9	1,248	521	$475	$747	$360	$627
	64510	16	530	113	$331	$343	$318	$325
	64721	17	639	151	$672	$716	$649	$775
	66821	25	7,242	6,152	$557	$516	$460	$424
	66984	35	16,979	13,528	$1,584	$1,548	$1,155	$1,317
	69436	9	1,560	0	$586	$477	$513	$277

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
CALIFORNIA	19120	70	6,328	1,155	$1,109	$1,052	$1,002	$1,085
	28285	68	2,883	932	$1,304	$1,349	$1,147	$1,132
	29877	48	3,268	299	$1,927	$1,756	$1,852	$1,394
	29881	55	7,523	942	$2,048	$1,790	$1,900	$1,790
	30520	69	3,272	126	$1,492	$1,535	$1,342	$1,520
	43235	44	5,008	1,926	$650	$535	$527	$452
	43239	44	5,136	2,200	$679	$704	$583	$550
	45378	47	6,959	3,013	$677	$605	$625	$550
	45380	44	3,395	1,577	$814	$928	$671	$719
	45385	45	5,255	2,682	$817	$830	$700	$767
	49505	68	4,708	985	$1,506	$1,417	$1,264	$1,243
	58120	62	6,576	662	$967	$846	$873	$781
	58980	50	2,907	26	$1,409	$1,518	$1,253	$1,312
	58990	43	2,610	55	$1,148	$1,118	$1,125	$1,170
	62278	31	3,494	1,029	$511	$435	$456	$425
	62289	45	10,798	2,951	$490	$558	$443	$442
	64721	74	5,363	752	$1,278	$1,241	$1,123	$1,037
	66821	78	17,985	14,268	$550	$500	$493	$474
	66984	99	37,376	28,851	$1,752	$1,651	$1,740	$1,500
	69436	44	4,023	12	$834	$738	$777	$821

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
COLORADO	20680	6	109	7	$645	$752	$592	$750
	64721	6	191	40	$696	$658	$635	$600
	66821	7	2,152	1,780	$480	$474	$413	$400
	66984	10	5,198	4,196	$1,416	$1,304	$1,249	$1,163
	66985	10	148	92	$1,247	$1,246	$1,134	$1,010
CONNECTICUT	19120	6	299	49	$951	$1,030	$969	$1,298
	28285	7	748	201	$989	$1,039	$978	$978
	28292	7	289	92	$1,209	$1,375	$1,308	$1,500
	29877	6	586	45	$1,913	$2,014	$1,946	$1,855
	49505	6	274	67	$1,110	$942	$1,159	$736
	58120	7	1,212	60	$951	$1,019	$952	$952
	58980	6	204	0	$1,090	$1,085	$1,054	$1,042
	64721	6	457	98	$1,056	$1,163	$1,051	$1,212
	66821	6	844	738	$608	$493	$526	$500
	66984	10	3,626	2,991	$1,698	$1,605	$1,826	$1,721

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
FLORIDA	19120	23	1,829	465	$1,162	$1,195	$1,022	$980
	28285	28	1,541	730	$1,083	$856	$865	$750
	29870	21	1,187	55	$1,747	$1,555	$1,608	$1,242
	29877	23	1,919	301	$1,743	$1,570	$1,687	$1,242
	29881	23	2,029	503	$1,899	$2,013	$1,685	$1,868
	43235	16	2,452	1,242	$569	$537	$550	$517
	43239	18	3,203	1,615	$627	$665	$596	$600
	45378	21	4,299	2,570	$638	$624	$654	$523
	45380	18	1,362	731	$680	$711	$679	$618
	45385	19	3,450	1,985	$722	$792	$721	$721
	49505	21	1,216	334	$1,290	$1,263	$1,092	$1,236
	58120	24	2,953	270	$999	$895	$939	$785
	58990	17	1,146	57	$1,276	$856	$1,425	$447
	62278	17	2,436	1,259	$427	$420	$359	$350
	62289	8	3,267	1,035	$424	$335	$385	$337
	64721	29	1,857	668	$1,022	$1,088	$991	$991
	66170	48	1,666	1,283	$860	$730	$835	$650
	66821	49	24,047	20,278	$517	$524	$500	$500
	66984	55	53,319	44,377	$1,617	$1,725	$1,500	$1,600
	66985	53	1,315	1,077	$1,231	$1,357	$1,054	$1,156

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
GEORGIA	19120	7	666	50	$815	$810	$731	$731
	28285	8	363	64	$1,050	$988	$975	$817
	30520	8	549	12	$1,332	$1,517	$1,359	$1,669
	54161	6	544	2	$669	$871	$605	$906
	58120	6	869	43	$935	$907	$987	$1,020
	58980	7	667	4	$1,729	$2,335	$1,244	$2,696
	58985	6	693	0	$2,119	$2,270	$2,318	$2,377
	64721	7	361	78	$786	$852	$788	$860
	66984	7	5,315	4,220	$1,742	$1,765	$1,943	$1,943
HAWAII	66984	6	2,318	1,575	$1,548	$1,442	$1,339	$1,324

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
ILLINOIS	19101	12	820	98	$774	$856	$782	$853
	19120	19	1,248	228	$799	$671	$787	$541
	28285	17	1,080	355	$906	$938	$786	$786
	28290	17	587	50	$1,293	$1,350	$1,081	$1,288
	28296	16	804	87	$1,406	$1,712	$1,248	$1,700
	30520	15	645	21	$1,288	$1,467	$1,120	$1,797
	43235	11	614	227	$536	$456	$445	$425
	45378	12	700	262	$613	$571	$645	$580
	52000	15	1,512	559	$548	$604	$479	$631
	52281	12	758	329	$656	$914	$655	$1,010
	58120	25	3,283	173	$797	$791	$715	$750
	58980	16	794	6	$1,425	$1,786	$1,281	$1,934
	58990	15	1,059	31	$1,145	$997	$990	$990
	62278	11	1,547	397	$316	$345	$304	$386
	64721	18	819	164	$874	$851	$867	$874
	66821	15	7,488	6,446	$597	$874	$471	$1,200
	66984	26	20,836	16,936	$1,811	$1,677	$1,717	$1,500
	67908	7	1,743	1,600	$992	$807	$800	$800
	69436	14	1,273	83	$772	$837	$740	$809
INDIANA	28285	6	252	26	$502	$480	$449	$460
	43235	6	1,883	423	$297	$276	$275	$267
	43239	6	630	149	$312	$378	$323	$370
	64721	6	1,323	147	$561	$479	$546	$466
	66821	9	3,409	2,885	$437	$440	$420	$420
	66984	12	10,575	8,724	$1,238	$1,233	$1,112	$1,055

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
KANSAS	43235	8	1,195	607	$647	$516	$523	$495
	43239	6	725	329	$567	$495	$525	$495
	45378	7	1,425	681	$624	$519	$555	$495
	45380	6	444	184	$571	$508	$525	$495
	45385	8	507	260	$614	$479	$525	$425
	49505	6	214	49	$1,044	$995	$888	$875
	58120	6	514	49	$976	$1,283	$768	$1,015
	64721	7	574	136	$998	$1,036	$751	$1,170
KENTUCKY	28285	6	615	141	$829	$771	$714	$750
	30520	6	171	17	$1,204	$1,279	$1,138	$1,200
	58120	7	820	33	$806	$675	$675	$490
	58980	6	178	2	$1,117	$918	$1,017	$793
	66984	7	3,514	2,849	$1,635	$1,490	$1,357	$1,200
	69436	7	909	0	$707	$676	$654	$654

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
LOUISIANA	19101	8	488	47	$1,190	$1,065	$1,089	$944
	28285	10	565	197	$854	$1,109	$630	$966
	29881	7	372	17	$1,518	$1,512	$1,439	$1,551
	30520	10	339	9	$1,539	$1,493	$1,298	$912
	43235	9	1,689	612	$443	$384	$387	$369
	43239	7	1,157	423	$447	$428	$411	$411
	45331	9	282	105	$307	$303	$292	$301
	45378	9	2,242	882	$531	$440	$491	$401
	45380	7	575	213	$492	$486	$486	$486
	45385	6	673	336	$545	$520	$511	$514
	52000	6	405	116	$871	$1,148	$784	$1,400
	57520	7	526	10	$1,046	$1,016	$793	$1,033
	58120	8	765	36	$1,016	$1,116	$921	$1,241
	58980	8	354	2	$1,408	$1,609	$1,379	$1,661
	64721	11	385	87	$1,305	$1,066	$1,066	$1,034
	66821	11	3,653	3,210	$469	$488	$402	$402
	66984	13	9,353	8,100	$1,608	$1,446	$1,396	$1,250
	69436	7	1,536	5	$518	$518	$464	$500
MASSACHUSETTS	66984	9	5,238	4,443	$1,856	$1,593	$1,800	$1,543

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
MARYLAND	14040	10	397	68	$660	$583	$550	$650
	14060	10	474	95	$699	$734	$621	$650
	19120	8	676	116	$752	$782	$782	$811
	28285	19	830	243	$579	$618	$565	$614
	43235	8	898	243	$431	$404	$457	$442
	45378	7	1,243	528	$493	$565	$424	$613
	45380	7	397	136	$518	$501	$459	$395
	45385	7	765	369	$560	$619	$475	$773
	66984	7	2,373	1,198	$1,949	$1,718	$2,021	$1,500
MICHIGAN	65420	8	22	11	$634	$652	$560	$685
	66170	12	305	265	$1,298	$1,117	$1,350	$875
	66821	12	4,681	4,046	$600	$608	$563	$525
	66984	12	9,055	7,993	$1,706	$1,687	$1,500	$1,500
	66985	9	131	105	$1,391	$1,443	$1,500	$1,300
	67010	7	161	143	$1,193	$1,444	$875	$1,200
	67904	6	50	40	$1,102	$1,589	$938	$1,300
MISSOURI	28080	7	124	11	$835	$814	$775	$775
	28285	7	395	85	$961	$836	$580	$440
	49505	6	226	19	$933	$949	$979	$1,014
	64721	7	472	35	$953	$946	$896	$825
	66170	7	148	100	$674	$593	$600	$509
	66984	10	5,237	4,277	$1,375	$1,346	$1,225	$1,050
	66985	8	143	110	$1,015	$876	$859	$744
	69436	6	682	4	$575	$578	$577	$430

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
MONTANA	66984	6	2,673	2,303	$1,247	$1,316	$1,244	$1,244
	66985	6	63	45	$1,064	$1,078	$1,084	$887
NORTH CAROLINA	19101	11	749	117	$678	$647	$724	$552
	19120	16	2,665	465	$670	$637	$672	$638
	29875	9	746	125	$1,250	$1,682	$1,255	$1,850
	29877	8	1,144	148	$1,275	$1,469	$1,261	$1,323
	29881	9	1,573	181	$1,197	$1,335	$1,219	$1,313
	30520	11	1,059	52	$884	$814	$836	$790
	42826	11	827	3	$760	$679	$672	$646
	43235	7	1,123	389	$351	$200	$261	$150
	43239	6	847	338	$279	$323	$264	$361
	45378	7	1,539	667	$338	$353	$334	$344
	45385	7	800	399	$372	$344	$345	$315
	49505	13	1,259	191	$849	$816	$829	$777
	57520	12	910	32	$734	$710	$713	$683
	58120	14	2,468	192	$583	$572	$552	$524
	58980	9	785	16	$818	$822	$768	$768
	58990	7	764	41	$494	$455	$651	$221
	64721	15	1,359	218	$718	$738	$711	$712
	66821	9	3,480	2,411	$534	$591	$427	$450
	66984	18	19,106	14,880	$1,639	$1,942	$1,351	$2,000
	69436	11	4,705	8	$469	$445	$429	$429

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
NEW	11406	6	323	60	$669	$661	$666	$683
JERSEY	19120	6	600	79	$863	$917	$868	$950
	28285	7	927	167	$796	$769	$744	$744
	28290	6	401	42	$872	$1,066	$844	$1,200
	29881	6	354	43	$1,431	$1,499	$1,451	$1,470
	49505	6	369	77	$1,007	$1,060	$1,030	$1,150
	64721	6	359	58	$906	$990	$906	$1,050
	66821	12	3,156	2,720	$633	$604	$531	$570
	66984	14	7,957	6,812	$1,479	$1,343	$1,468	$994
NEVADA	66984	7	5,057	3,846	$1,809	$1,904	$1,800	$1,900

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
NEW YORK	19120	14	1,030	157	$993	$1,011	$957	$904
	28285	17	773	165	$911	$841	$842	$842
	28296	13	533	45	$1,025	$1,014	$985	$1,135
	29870	11	1,058	25	$1,235	$1,247	$1,159	$1,282
	29881	7	1,008	72	$1,265	$1,008	$1,395	$915
	43239	6	945	412	$707	$881	$643	$1,050
	45378	12	1,523	642	$826	$914	$893	$1,000
	45380	9	643	228	$774	$966	$800	$1,078
	45385	8	778	402	$808	$986	$907	$1,071
	49505	11	954	216	$1,113	$961	$1,122	$909
	58120	10	1,630	50	$816	$697	$870	$591
	58980	10	767	6	$1,094	$1,135	$919	$1,114
	64721	15	1,130	204	$916	$839	$972	$883
	66170	17	1,022	790	$1,025	$1,154	$1,000	$1,200
	66821	12	3,691	2,987	$845	$868	$835	$670
	66984	19	14,319	11,246	$1,673	$1,688	$1,655	$1,655
	66985	18	544	369	$1,437	$1,409	$1,397	$1,265
	67010	7	618	508	$1,282	$1,409	$1,258	$1,600

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
OHIO	19120	6	690	165	$542	$964	$446	$1,409
	29877	7	483	47	$1,054	$495	$921	$300
	29881	6	650	64	$1,308	$978	$1,212	$762
	43235	7	464	137	$587	$518	$412	$412
	43239	7	1,981	638	$620	$594	$475	$482
	45378	7	828	361	$593	$545	$412	$412
	45380	8	2,034	524	$594	$461	$486	$303
	45385	8	1,315	650	$661	$725	$486	$496
	58120	6	1,385	85	$928	$701	$666	$460
	64721	7	861	199	$797	$680	$665	$566
	66625	7	637	474	$394	$356	$400	$372
	66821	9	2,700	2,352	$365	$367	$369	$372
	66984	14	10,366	8,787	$1,274	$1,314	$1,115	$1,132
OKLAHOMA	19120	6	296	57	$892	$850	$875	$825
	28080	7	181	33	$929	$946	$760	$760
	28285	8	218	87	$860	$856	$740	$868
	29881	7	263	12	$1,840	$1,911	$1,845	$1,845
	45378	6	250	108	$571	$511	$474	$470
	45380	6	473	217	$590	$445	$552	$434
	58120	7	337	48	$867	$857	$825	$825
	58980	6	259	8	$1,417	$1,650	$1,005	$1,050
	64721	8	166	25	$991	$883	$958	$760
	66821	6	2,094	1,798	$507	$479	$484	$417
	66984	11	6,991	5,854	$1,511	$1,499	$1,515	$1,515

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
OREGON	66821	6	1,614	1,427	$620	$504	$504	$467
	66984	8	3,809	3,210	$1,326	$1,112	$1,130	$1,100
PENNSYLVANIA	19120	16	1,900	358	$972	$993	$872	$829
	20680	14	557	58	$918	$852	$806	$800
	26055	15	429	131	$897	$849	$830	$840
	29881	13	1,552	159	$1,608	$1,484	$1,350	$1,218
	30520	15	546	22	$1,297	$1,344	$1,200	$1,303
	43235	7	891	361	$670	$696	$580	$621
	43239	9	548	279	$675	$577	$580	$650
	45378	10	1,599	784	$868	$834	$803	$674
	45380	10	584	277	$1,170	$714	$803	$692
	45385	9	918	476	$818	$865	$816	$580
	49505	14	1,537	338	$1,277	$1,234	$1,070	$909
	57513	8	593	4	$1,004	$1,014	$844	$839
	58120	13	1,140	105	$941	$799	$790	$779
	58990	12	465	23	$853	$734	$698	$667
	62289	6	1,947	788	$381	$356	$339	$373
	64721	16	2,545	496	$1,042	$1,023	$895	$840
	66821	11	4,486	3,527	$559	$571	$500	$450
	66984	20	12,726	10,220	$1,610	$1,656	$1,525	$1,450
	69421	8	926	6	$764	$617	$568	$467
	69436	10	801	2	$962	$835	$835	$820
PUERTO RICO	64721	6	269	51	$332	$364	$306	$364
	65420	6	765	94	$333	$326	$283	$242
	66984	7	2,599	2,317	$855	$1,038	$778	$851

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
SOUTH CAROLINA	66170	7	201	173	$847	$855	$850	$850
	66821	7	2,086	1,857	$442	$444	$414	$414
	66984	8	5,173	4,556	$1,210	$1,212	$1,210	$1,220
TENNESSEE	28285	8	546	51	$777	$492	$730	$335
	43235	15	4,796	1,587	$460	$432	$408	$372
	43239	15	3,998	1,363	$477	$416	$453	$364
	43450	7	833	397	$274	$268	$274	$274
	45331	12	708	234	$386	$321	$381	$274
	45378	15	5,054	1,748	$487	$474	$451	$440
	45380	15	2,732	838	$535	$506	$503	$475
	45385	15	2,246	987	$532	$506	$543	$550
	52000	9	2,644	1,162	$670	$507	$612	$440
	52281	7	798	215	$632	$499	$643	$440
	55700	6	624	417	$459	$525	$441	$540
	58120	11	814	29	$816	$727	$750	$744
	58980	11	540	2	$1,145	$1,268	$935	$900
	58990	9	698	5	$749	$498	$669	$439
	66821	7	1,500	1,191	$572	$592	$497	$497
	66984	11	6,440	5,351	$1,505	$1,449	$1,507	$1,507
	69436	9	1,824	5	$616	$669	$550	$729

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
TEXAS	19120	29	1,758	275	$924	$944	$769	$571
	22505	8	2,093	20	$906	$776	$825	$900
	28285	30	1,245	314	$1,287	$1,061	$1,198	$567
	29877	24	931	55	$1,630	$1,406	$1,379	$1,479
	29881	25	1,261	147	$1,775	$1,592	$1,800	$1,512
	30520	32	1,005	39	$1,302	$1,148	$1,078	$831
	43235	18	1,078	262	$719	$803	$672	$930
	43239	17	927	406	$796	$621	$705	$501
	45380	18	1,089	326	$764	$566	$701	$467
	52000	19	1,041	589	$822	$508	$797	$312
	58120	33	2,565	173	$954	$931	$883	$883
	58980	31	1,448	3	$1,328	$1,234	$1,077	$1,071
	58984	18	1,085	3	$1,372	$1,828	$1,242	$1,666
	58990	22	1,007	29	$1,342	$1,018	$1,344	$900
	62289	14	2,641	589	$450	$521	$362	$511
	64721	35	1,941	328	$1,129	$910	$1,040	$735
	66170	55	1,155	852	$859	$864	$750	$675
	66821	47	14,290	12,029	$511	$474	$450	$425
	66984	63	37,434	30,420	$1,520	$1,527	$1,401	$1,332
	69436	28	3,029	12	$841	$793	$809	$745

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
UTAH	19120	6	408	68	$602	$571	$638	$625
	20680	6	346	33	$556	$611	$614	$627
	29877	6	621	67	$897	$973	$925	$999
	49505	6	573	111	$783	$695	$892	$884
	58120	6	658	39	$632	$570	$650	$600
	58980	6	297	2	$851	$742	$878	$956
	64721	6	752	182	$562	$595	$648	$650
VIRGINIA	28285	6	402	54	$1,061	$1,947	$846	$2,154
	64721	6	693	77	$1,088	$982	$940	$855
	66984	7	4,702	3,434	$1,359	$1,327	$1,375	$1,375
WASHINGTON	19120	15	682	125	$770	$752	$750	$591
	20680	16	633	37	$604	$518	$602	$560
	28285	14	716	173	$747	$738	$587	$574
	28292	12	496	83	$987	$911	$855	$800
	29881	11	579	59	$1,128	$1,249	$1,180	$1,180
	30520	13	785	48	$985	$967	$950	$908
	42826	9	425	1	$824	$764	$876	$750
	45378	6	827	298	$507	$472	$508	$480
	49505	14	611	154	$849	$919	$849	$868
	58120	12	791	75	$635	$523	$589	$384
	58990	6	383	22	$769	$712	$767	$733
	64721	16	1,073	135	$718	$759	$717	$693
	66821	10	4,515	3,845	$443	$486	$463	$483
	66984	15	12,553	10,540	$1,289	$1,507	$1,240	$1,788
	69436	10	1,604	4	$503	$424	$513	$526

TABLE 17.2
HIGH VOLUME PROCEDURE CODES, BY STATE,
WHEN PROCEDURE WAS PERFORMED AT FIVE OR MORE FACILITIES
Medicare ASC Payment Rate Survey - 1992
(Form HCFA-452A, p 40)

State	Surgical Procedure by CPT Code	No. of ASCs That Did Procedure	No. of Procedures, All Patients	No. of Procedures, Medicare Patients	Average Billed Charge: MEAN	Average Billed Charge: WEIGHTED MEAN	Average Billed Charge: MEDIAN	Average Billed Charge: WEIGHTED MEDIAN
WISCONSIN	28285	6	330	100	$621	$584	$587	$610
	29877	6	361	21	$1,288	$1,241	$1,241	$1,128
	29881	6	475	43	$1,335	$1,223	$1,260	$1,165
	58120	6	301	31	$518	$483	$563	$559
	64721	7	251	37	$594	$649	$660	$663
	66984	6	3,383	2,651	$1,498	$1,457	$1,440	$1,346
	66985	6	174	124	$1,097	$1,065	$1,100	$1,025

HCFA 7/94

APPENDIX I

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

MEDICARE

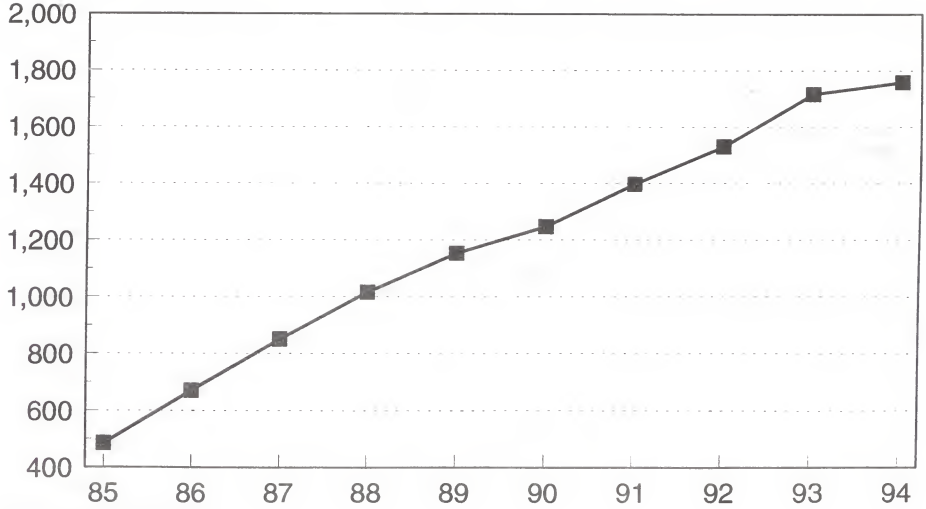
AMBULATORY SURGICAL CENTER

PAYMENT RATE SURVEY - 1992

Graphs

Figure 1.1

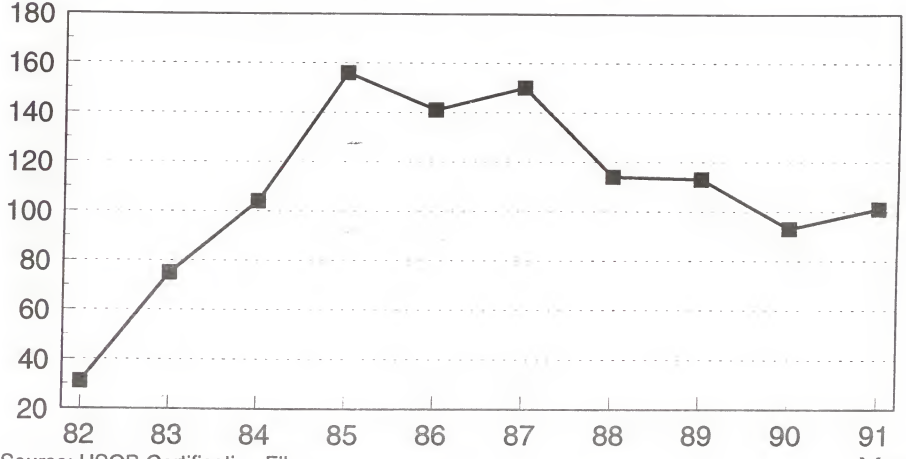
MEDICARE CERTIFIED AMBULATORY SURGICAL CENTERS
1985 - 1994



Source: HSQB Certification File

Figure 1.2

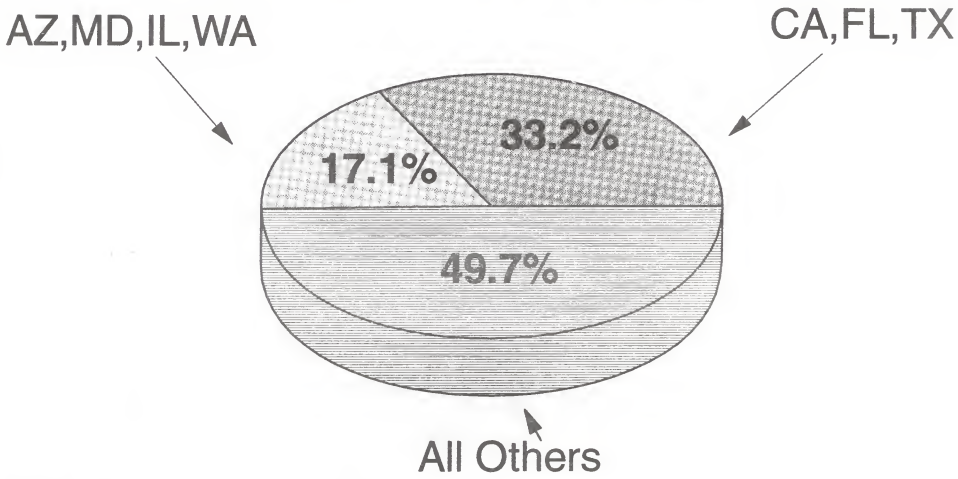
MEDICARE CERTIFICATION OF FACILITIES COMPLETING HCFA-452A (1992)



Source: HSQB Certification File
10 Facilities Completing HCFA 452A Were Not Certified as of April 1994.

Figure 2.1

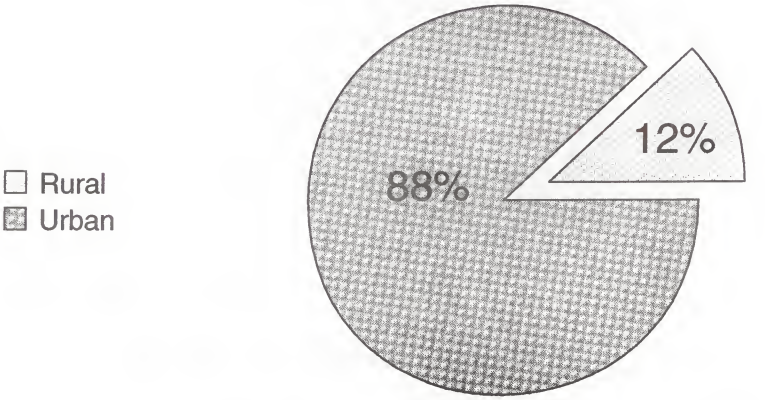
MEDICARE CERTIFIED ASCs THROUGHOUT THE UNITED STATES



Source: Medicare ASC Payment Rate Survey - 1992
HCFA-452A,p. 19

Figure 2.2

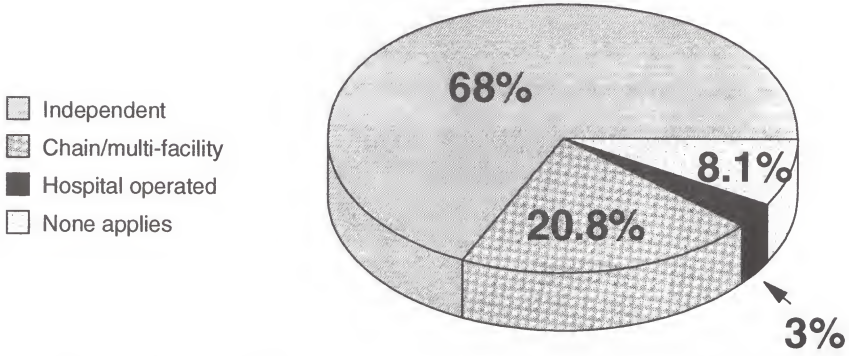
URBAN/RURAL DISTRIBUTION OF ASCs



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p. 19 F

Figure 2.3

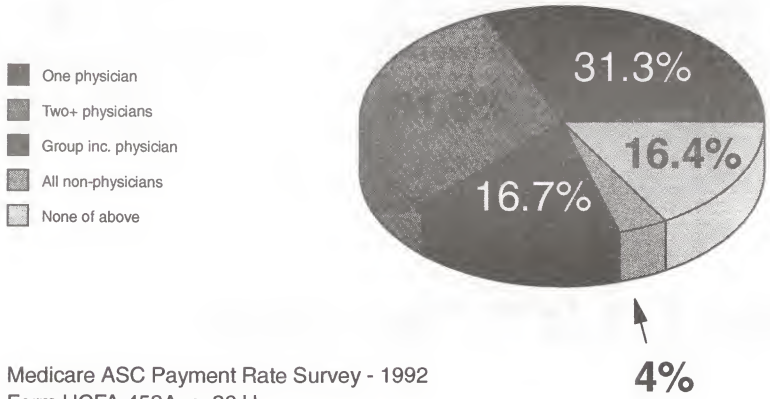
ASC FACILITY TYPE



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, pp. 24-25 E
Data Missing on 4 Surveys

Figure 3.1

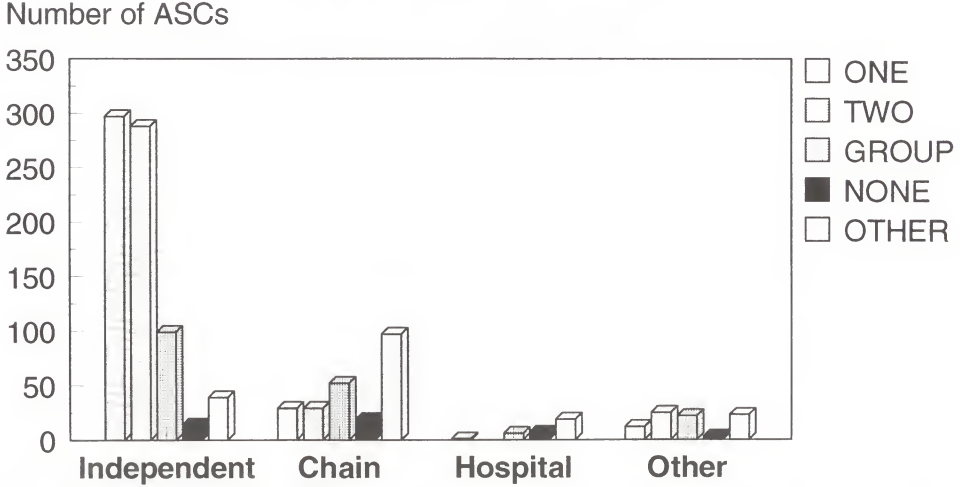
PHYSICIAN/NON-PHYSICIAN OWNERSHIP (NATIONAL)



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p. 26 H
Data Missing on 4 Surveys

Figure 3.2

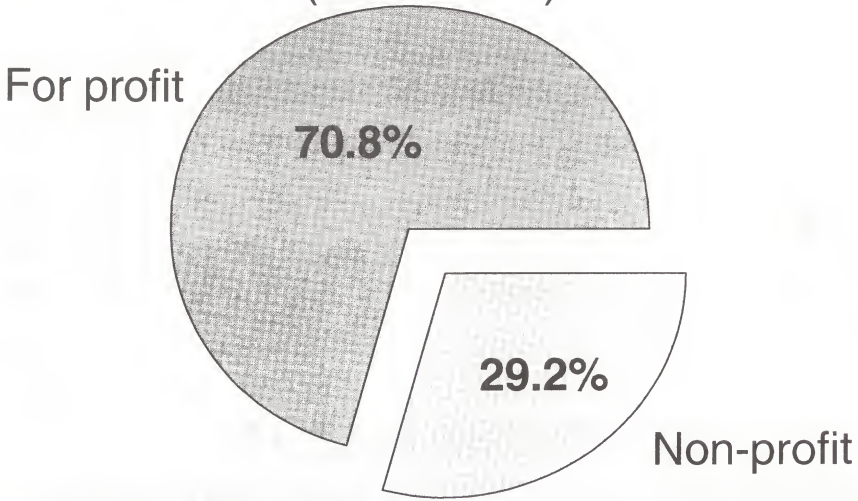
PHYSICIAN/NON-PHYSICIAN OWNERSHIP BY TYPE OF FACILITY



Data Missing on 4 & 3 survey reporting errors
Form HCFA-452A, p. 26H
Medicare ASC Payment Rate Survey - 1992

Figure 4.1

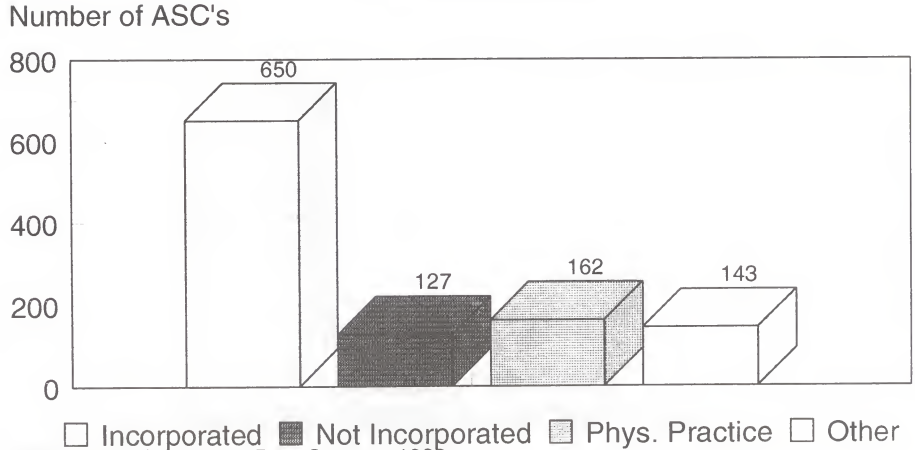
PROFIT AND NON-PROFIT ASCs (NATIONAL)



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p. 25 F
Data Missing on 1; 2 Reporting Errors on Surveys

Figure 5.1

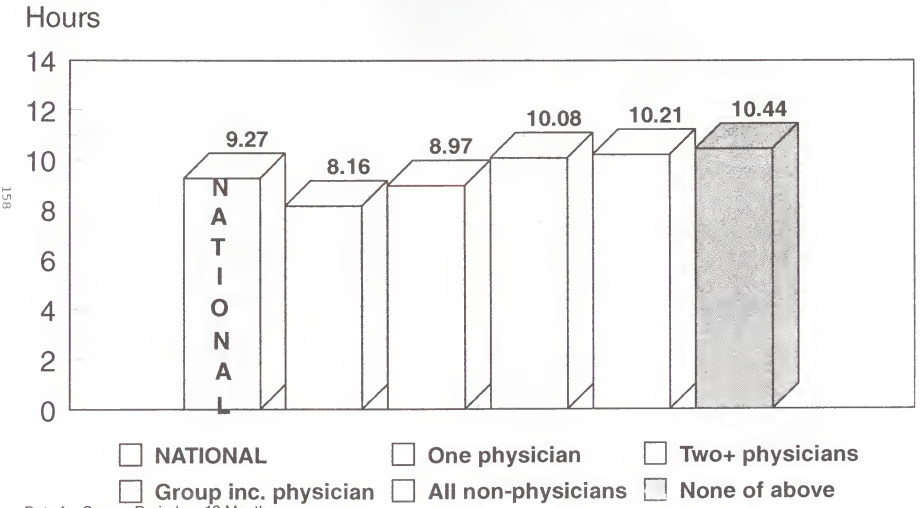
CORPORATE STATUS OF ASCs (NATIONAL)



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452-A, p. 26 I
Data Missing on 6 Surveys

Figure 6.1

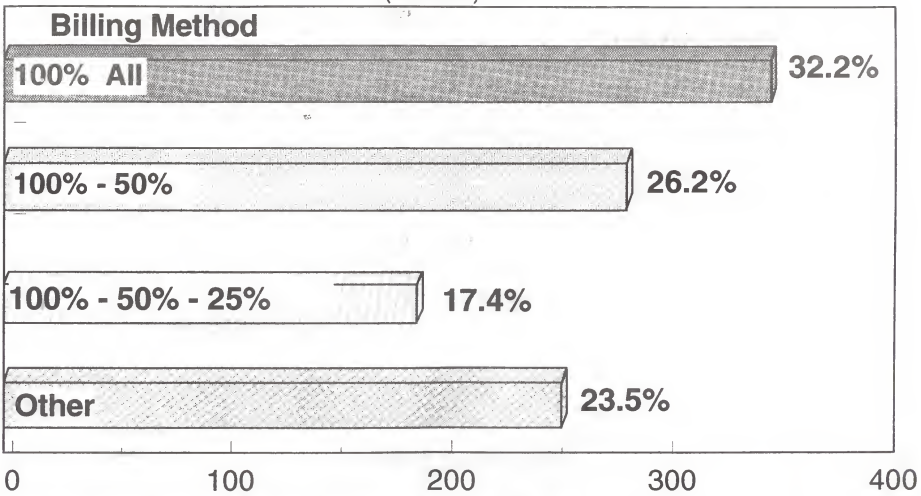
AVERAGE LENGTH OF BUSINESS DAY BY TYPE OF OWNERSHIP



Data for Survey Periods = 12 Months
Medicare ASC Payment Rate Survey - 1992
HCFA-452A,p.27 B

Figure 7.1

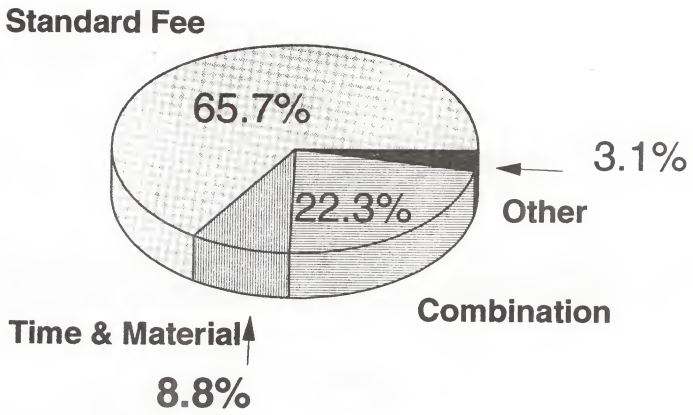
Billing for ASC Multiple Procedures Performed in One Operative Session
(National)



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p. 29 H
Data Missing on 6; 9 reporting errors

Figure 8.1

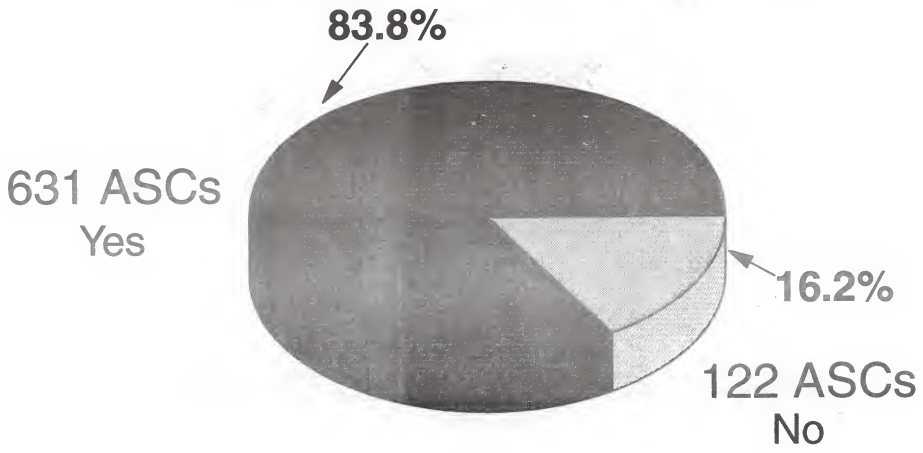
BASIS FOR BILLING FOR ASC SERVICES (NATIONAL)



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A, p. 30 I
Data Missing on 5; errors on 2 Surveys

Figure 9.1

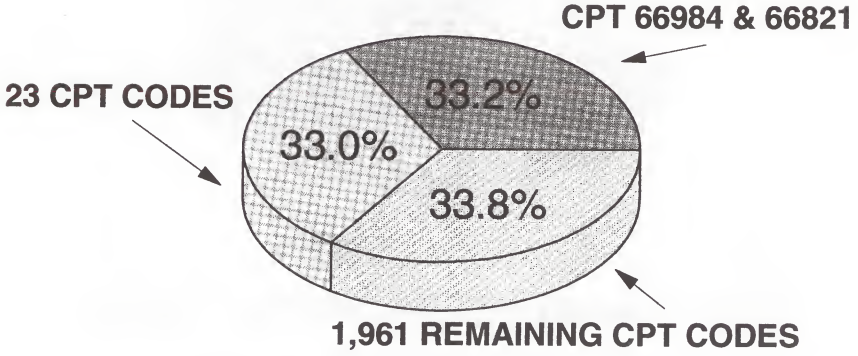
ASCs EQUIPPED FOR PHACOEMULSIFICATION (1992)



Medicare Payment Rate Survey - 1992
Form HCFA-452A

Figure 10.1

VOLUME OF SURGICAL CPT CODES PERFORMED IN ASCs



Medicare ASC Payment Rate Survey - 1992
Form HCFA-452A

APPENDIX II

DEPARTMENT OF HEALTH AND HUMAN SERVICES
HEALTH CARE FINANCING ADMINISTRATION

MEDICARE

AMBULATORY SURGICAL CENTER

PAYMENT RATE SURVEY - 1992

I. General Information

and

Charge Schedules

SURVEY DUE DATE: September 11, 1992

This survey is authorized by
Title 42, Chapter IV, section 416.140 of the Code of Federal Regulations.
Failure to report can result in termination
of your Medicare participation agreement.

FORM HCFA-452A OMB No. 0938-0434 Exp. 09/30/92

Medicare ASC Payment Rate Survey - 1992
ANSWER SHEET Page 1 - FACILITY IDENTIFICATION

A. Facility Name: _____

B. Medicare Provider Number: _____

C. Carrier Assigned I.D. Number: _____

D. Street Address: _____

_____

E. Mailing Address: _____

_____

F. County: _____ G. City: _____

H. State: _____ I. Zip: _____

J. Date of Medicare Certification: _____

K. Carrier: CIRCLE ANSWER ON LIST OF CARRIERS (see next page)

L. Period covered by survey:
L-1. Beginning date _____

L-2. Ending date _____

FORM HCFA-452A; OMB No. 0938-0434 (1992)

Enter facility's Medicare provider certification number: _____

Medicare ASC Payment Rate Survey - 1992
ANSWER SHEET Page 2 - UTILIZATION

A. Total count of procedures performed: _____

B. Total number of operative sessions: _____

C. Number of operative sessions involving Medicare beneficiaries: _____

D. Number of multiple procedure operative sessions: _____

Enter facility's Medicare provider certification number: _____

Medicare ASC Payment Rate Survey - 1992
ANSWER SHEET Page 2 - TYPE OF OWNERSHIP

Answer questions E through I by circling one response per question from Column I (on left). Definitions or further explanation of the responses are listed in Column II (on right).

* For each item (E through I), circle the one response that most accurately describes the facility from among the possibilities listed in the lefthand column.

* If none of the possibilities listed for a given question is applicable, circle the "None applies" response.

Col. I	*Col. II*
E. Facility Type	
1. Independent Facility	1. Circle #1 if the facility is independently owned and not related to any other organization, entity or enterprise.
2. Chain/multi-facilitycorporation	2. Circle #2 if the facility is part of a chain or multi-facility corporation. * A chain organization or multi-facility corporation consists of a group of two or more health care facilities that are owned, leased, or through any other device, controlled by one organization. * Chain organizations include, but are not limited to, chains operated by proprietary organizations and chains operated by various religious, charitable, or governmental organizations. * A chain organization may also include business organizations that are engaged in other activities not related directly to health care.

Question E continued on next page. . .

Enter facility's Medicare provider certification number: _____

CONTINUATION OF
ANSWER SHEET Page 2 - TYPE OF OWNERSHIP

Col. I	*Col. II*
(Question E cont'd.)	
3. Hospital owned and operated	3. Circle #3 if the facility is a hospital operated ASC that * Is under the common ownership, licensure or control of a hospital; * Has an agreement with Medicare to participate and be paid only as an ASC, without the option of converting to or being paid as a hospital outpatient department or hospital-affiliated ASC unless HCFA determines there is good cause to do otherwise; * Is a separately identifiable entity, physically, administratively, and financially independent and distinct from other operations of the hospital with its associated costs treated as a non-reimbursable cost center of the hospital's cost report.
4. None applies.	4. Circle #4 if none of the above describes the facility.

F. Profit/Non-profit

1. For profit	1. Circle #1 if the facility operates on a for-profit basis.
2. Non-profit organization	2. Circle #2 if the facility operates on a not-for-profit basis.

FORM HCFA-452A; OMB No. 0938-0434 (1992)

Enter facility's Medicare provider certification number: _____

CONTINUATION OF
ANSWER SHEET Page 2 - TYPE OF OWNERSHIP

	Col. I	*Col. II*
G.	Ownership 1. Individual ownership 2. Partnership 3. Neither applies.	1. Circle #1 if the facility is owned by one individual. 2. Circle #2 if the facility's owners constitute a partnership. 3. Circle #3 if neither response applies to ownership.
H.	Ownership Description 1. Owned by one physician 2. Owned by 2 or more physicians 3. Group owned - some physicians 4. Owned by non-physician(s) 5. None applies.	1. Circle #1 if the facility is solely and exclusively owned by one physician; 2. Circle #2 if the owners are two or more physicians or a group comprised exclusively of physicians. 3. Circle #3 if the facility is owned by a combination of physician(s) and non-physician(s) or group(s) comprised of both physician(s) and non-physician(s); 4. Circle #4 if the facility is owned by individual(s) or group(s) comprised exclusively of non-physicians. 5. Circle #5 if ownership is other than the given choices.
I.	Corporate status 1. Incorporated 2. Not incorporated 3. Facility is operated as part of a physician owner's medical practice 4. None applies.	Circle the one response that most appropriately describes the facility.

FORM HCFA-452A; OMB No. 0938-0434 (1992)

Enter facility's Medicare provider certification number: _____

Medicare ASC Payment Rate Survey - 1992
ANSWER SHEET Page 3 - PLANT/OPERATIONS

The purpose of this section is to present a "snapshot" of the facility as it existed and was operated during the period reported on in this survey. In determining operating room, treatment room, and facility square footage, include all space for which the facility incurred expenses, whether or not the space was actually used. Space owned, leased, rented or otherwise paid for by the facility should be included whether that space was within the facility's walls or at a different location.

Type on the line provided in Column I (on left) the information requested in Column II (on right).

Col. I	*Col. II*
A. Total business days: _____	A. Enter the total number of calendar days the facility was open for business during the survey period.
B. Total business hours: _____	B. Enter the total number of hours the facility was open for business during the survey period.
C. Total area: _____ sq. ft.	C. Enter the total area of the facility, in square feet, as it existed during the survey period. Include all space for which the facility incurred an expense, whether a part of the facility proper or at a different location. Include maintenance and storage space, waiting room and office space, patient prep and recovery areas as well as OR and treatment rooms.
D. Total number of OR's: _____	D. Specify the total number of finished, equipped operating rooms that were a part of the facility during the survey period. If during the survey period a space was equipped and designated as operating room space, count it here, even if that space was infrequently or never used.

(Continued on next page)

FORM HCFA-452A; OMB No. 0938-0434 (1992)

Enter facility's Medicare provider certification number: _____

CONTINUATION OF
ANSWER SHEET Page 3 - PLANT/OPERATIONS

Col. I	*Col. II*
E. Total OR area: _____ sq. ft.	E. Enter the total combined area of the operating rooms counted in field D. Do not include pre-operative patient preparation areas or OR storage space as part of the actual operating room area.
F. Total number of treatment rooms: _____	F. Enter the number of special procedure rooms (e.g., laser treament rooms or "scope" rooms) that were in your facility IN ADDITION TO THE OPERATING ROOM(S) COUNTED ABOVE during the survey period. If special procedures or treatments such as endoscopies or laser procedures were performed in the same room(s) or space used for other surgical procedures, enter "0" in this field.
G. Total treatment room area: _____ sq. ft.	G. Enter the total combined area of special procedure rooms. DO NOT INCLUDE HERE ANY SPACE COUNTED AS OPERATING ROOM SPACE IN QUESTION E. If you entered "0" in field F, enter "0" here also.

Enter facility's Medicare provider certification number: _____

CONTINUATION OF
ANSWER SHEET Page 3 - PLANT/OPERATIONS

Answer questions H and I by circling one response from among the choices listed in Column I (on left) that most accurately describes the facility. Definitions or further explanation of the response choices are listed in Column II (on right).

If none of the possibilities listed appropriately describes the facility, circle the "Other system" response.

Col. I	*Col. II*
H. Billing of multiple procedures (circle one response):	H. This question pertains to those instances in which more than one operation or procedure was performed on one patient during a single operative session. Circle the response that most closely describes the facility's practice for billing multiple procedures during the survey period:
1. 100% of usual for each procedure	1. Circle #1 if the facility billed 100 percent of its usual charge for each procedure or operation performed on one patient during a single operative session.
2. 100% of usual for most costly; 50% for additional procedure(s)	2. Circle #2 if the facility billed 100 percent of its usual charge for the most costly procedure and 50 percent of its usual charge for each additional procedure.
3. 100% first; 50% second; 25% others	3. Circle #3 if the facility billed 100 percent of its usual charge for the first procedure, 50 percent for the second procedure, and 25 percent for all other procedures.
4. Other billing system	4. Circle #4 if the facility used a system other than those described above to bill for multiple procedures.

Enter facility's Medicare provider certification number: _____

CONTINUATION OF
ANSWER SHEET Page 3 - PLANT/OPERATIONS

Col. I	*Col. II*
I. Basis for billing for facility services (circle one response):	I. Circle the response that most appropriately describes how the facility arrived at the amount that it charged for the provision of services during the survey period.
1. Uniform standard charge	1. Circle #1 if billing was based on a fixed, uniform charge or fee schedule which established a standard per procedure amount that was always billed whenever the procedure was performed, regardless of variations in time and material utilization.
2. Based on time and material	2. Circle #2 if billing for a specific procedure varied among operative sessions, depending on time and material consumed each time a procedure was performed.
3. Basic facility charge combined with time and material actually consumed.	3. Circle #3 if billed amount combined a basic fixed facility utilization fee with a variable charge that was determined by quantity and intensity of resources consumed during the operative session.
4. Other billing system used	4. Circle #4 if none of the above describes how charges were determined by facility.

FORM HCFA-452A; OMB No. 0938-0434 (1992)

Facility's Medicare provider certification number: _____

Medicare ASC Payment Rate Survey - 1992

CPT ANSWER SHEET A - DATA RECORD FOR COVERED ASC PROCEDURES

PAGE ___ OF ___

A CPT CODE	B TOTAL VOLUME	C TOTAL MEDICARE VOLUME	D AVERAGE OR TIME	E AVERAGE BILLED CHARGE
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

FORM HCFA-452A; OMB No. 0938-0434 (1992)

Facility's Medicare provider certification number: _____

Medicare ASC Payment Rate Survey - 1992

CPT ANSWER SHEET B - DATA RECORD FOR
NON-COVERED ASC PROCEDURES

1. Type in a count of all CPT surgical codes (CPT 10000 through CPT 69999) that *are not* on the list in the Appendix but that were performed at your facility during the period covered by this survey. (Note: There are 2,250 CPT numeric codes and descriptors in the Appendix. Count only discrete numeric *codes* to answer this question; do not count how many times a particular code was performed.)

_____

2. Type in the total number of times the *non-Medicare covered* CPT surgical codes counted in question #1 were performed at the ASC during the survey period. Count every time a non-Medicare covered CPT code was performed.

_____

3. Type in the total actual *aggregate amount charged* for all the non-Medicare covered procedures counted in question #2 that were performed at the ASC during the survey period.

_____

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